30M 7/73

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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JAYIGEON JERMURA HTREE E SIN DE SOL

LOSE C. LIMBANIE, M.D. . . AUTOPELIE, MARYLAND - 27401

1	FC	OR		DEPARTMENT OF H	EALTH AND MENTAL H	TYGIENE - 0	0070	
1	- ST RE	GISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE C	F DEATH 7 9 - U	UUIS	
		ASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN	MONTH DAY	YEAR 2b. HOUR
	(TYPE C	R PRINT) Myra	Cha	rlotte	BAN95	OF ESTI-	1 11	1079 P
3	SEX	1. RACE	5. DATE OF BIRTH	6 AGE (IN YEAR			MONTH DAY	YEAR 2d. HOUR
n z o		EW	MONTH DAY	71 YRS	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	1 -11	70 0
70	BIRT	HPLACE (STATE OR	76 CITIZEN OF W	/		- 1 BALTIMORE CITY	OR COUNTY OF D	EATH
12	FORE	GN COUNTRY)			MARRIED NEVER MARR	IED 📙 🔒	-111	34
		cyland OR TOWN OF DEATH	U.S.A.	SPITAL, NURSING HOME,	WIDOWED XX DIVORC	120. USUAL OCCUPATION (TY	DE OF WORK 117h KIN	ND OF BUSINESS
41	7		(IF NOT IN SUCH)	ACILITY, GIVE STREET ADDRESS)	11 - 1 1	FOR MOST OF WORKING LIFE)	OR	INDUSTRY
4 7		RESIDENCE (IF IN NURSING HO)		MRCDOLL.	Josf 1132	Homemaker		
130	STA	TE 136. CO		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
/		1d ,		Baltimore	YES XX NO	1405 Filber	t St, 212	226
H	. FATH	HER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAID	EN NAME MIDDLE	ı	AST
		George	W.	Robertson	Nellie		Beech	ier
160	Q. WA	S DECEASED EVER IN U.S	ARMED FORCES? SIVE WAR OR DATES)	16b. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	s 21061	
		No		217-38-516	6 Mrs. Bei	njamin Kauffman	, 424 Bur	wood Ave
	11	. CAUSE OF DEATH (Enter	anly ane cause per line	far (a), (b), and (c).)	/ /	,	APT	PROXIMATE INTERVAL
1		PART I DEATH WAS CAU	DIATE CAUSE (a)	diorary	whiley de	easi	1	ett sittset and seam
		410-		AS A CONSEQUENCE OF		STREET, STREET	7	1
1		Canditians, if any, whi gave rise to immedia						
		cause (a) stating the und	(, ,	AS A CONSEQUENCE OF				
		lying cause last.	(6)				400000	
	P	ART 2 OTHER SIGNIFICANT CONDITIE	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).		
2								
CESTIGICATION	119	0. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED?		20. Al	UTOPSY?
1	Ĭ		-115				_	ES NO
	2	a EXTERNAL CAUSE WAS	21b. TIME O		21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18		10 10 100
7	V U	NDERLYING OR ONTRIBUTING CAUSE O		MONTH DAY YEAR				
1 2	5 21	4 INTURY OCCUPPED		OF INJURY (AT HOME,	21f. LOCATION			
1 3	ž V	VHILE NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	F	I WORK AT WORK						
		22a. I certify that I took ch	arge of the remains de	scribed abave, held an	Autapsy , Inspectio	ne, Inquiryel, at	nd in my apinian	
		death resulted fram:	nura causes .	Accident, Suici	de 🔲 , Hamicide 🖳	Undetermined manner,		
		CTUAL	17 1	and a	TITLE (SPECIFY)		0.175	-
+	S	GNATUR	hart !		M.D. Depart 9	MEDICAL EXAMINER	DATE SIGNED /-/	11-19
2	E)	AMINER'S NAME	1 / .	1-1.	//	11. 7		
/	(T	YPE OR PRINT)	-HUNARK	CA.	ADDRESS	nepale / he		
230	BUR (SPEC	AL, CREMATION, REMOVA		23c. NAME OF CEME	TERY OR CREMATORY	231/ LOCATION	COUNTY	STATE
	F	Burial	1/15/79	Loudon P	ark Cemetery	Baltimore Cit	у,	Md.
24		ERAL DIRECTOR	ADDRESS	Balto., Md.	/1//9 .	REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATE	JRE
	ŀ	Hubbard Funer				1 6 1979	ifrey Mal	resoly .

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	FIENE 7	9 - 0	00080	
	I. DEC	CEASED NAME FIRST OR PRINT) Alfred		ers		RGAR SR.	January		DAY YEAR	26. HOUR 9. 53 PM
	3 SEX	male	4 RACE who	ite	Jan.	DAY VEAR	6. AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
か	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) MD	J	WHAT COUNTRY?	WIDOWE		Anne A			MD.
10	G	len Burnie	CEL.	Broady	1ew	Blvd.	(Type of work for most Mason (of working	LIFE) 126. KIND C INDUSTRY CONS	of Business or
3	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	admission)	13d INSIDE CITY LIMITS?	13. ALERANDERES	roadv	view B1	Lvd.
2		Oliver		Bargar		Marie	MIDDLE		Duff'ŷ	ST .
1	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			3 Mrs. Mari		rgar	(wife)	CMATE INTERVAL ONSET AND DEATH
	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OI (c) CONDITIONS CO		NCE OF					
9	I CERTIFICATION	190 DATE OF OPERATION 190 JAZE 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	21b. TIME O HOUR A.	# 18 A	4 All	N WAS PERFORMED	YES NO	IN CERT	YES, WERE FINDING TIFYING CAUSES YES (1) 8, PART 1 OR PART 2)	NO NO
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		ARM, ETC.]	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		22a I certify that (1) this hasp sow the deceased alive or above. (1) we lot of ded of 22b. SIGNATURE			7	nd that in (my) (our) opinion operation opinion opinio			22c. DATE	that (1) (we) last couses stoted ESIGNED 30.1979
		22d PHYSICIAN'S NAME (TYPE O		nald		PHYSICIAN (2) 220 ADDRESS HOSPITAL I	Drive, G1			
	(:	Burial, CREMATION, REMOVAL	Fab.			EMETERY OF CREMATORY Iaven Mem P				Mb
		ingleton Fun	eral/H	ome, G1	en E	Burnie, MEFR	E REC'D. BY REGISTRA	R ZSb. REGI	STRAR'S SIGNA	

Burnie, MFEB 5

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TI, DE. LE.

STATE OF MARYLAND 79-00081 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) melid nuary 3 SEX 4 RACE 5. DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAYS IF UNDER 24 HRS IF LINDER 1 YEAR MONTH YEAR DAYS HOUR5 Dug BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED DIVORCED ecretor MARYLAND 2120 UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h. COUNTY 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) SAME AS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE PRESTON Loennec's Circhosis Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF 4 YEArs underlying couse lost. Alcoholism DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I CERTIFICATION 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NO NO M 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR iol-tr OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. FUNERAL DIRECTOR: sow the deceased alive on_ 19 74 _, and that in (my) (as a opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the IMPORT, 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Washington, D. Cremation 1-7-1979 Lee's Crematory BP 300-4th St. PEDATE REC'D. BY REGISTRAR 256 PEG STRAR SECONTURE DHMH - 16 50M 1/76 J. Wh. Lee's Sons Co. Funeral Home Wash. D.C. (VR A 15 (4))

A Carta The section is

. D. C. . D. C.

J. m. 13'3 o a Cc. Fune 1 Hc e res ... J.C.

51.08 (612)

MARYLAND 21201

DIVISION OF VITAL RECORDS,

The Property of the Park of th 13-00082 288 77 3 889 T 34 C 1824 B 3 4 1 1 6 1 A CONTROL OF THE SECOND OF THE TWO DEPONES THOUGHT THE DISCOURTED THE STATE OF THE STATE

FOR - STATE

STATE OF MARYLAND

79-00085 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO



REGISTRAR MIDDLE DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h. HOUR EST LTYPE OR PRINTS HAZEL E. BENNETT 12:15P M JANUARY 8 1979 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR FEMALE WHITE 92 07 86 YRS To: BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY ANNE ARUNDEL COUNTY MARYLAND WIDOWED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE ARBUTUS YES [NO K 1000 ST. CHARLES AVENUE, 21229 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE ALLAIRE RUTH HENRY ODELIA 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! ADELE BLUM, 1000 ST. CHARLES AVENUE, 21229 214-01-6063 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per inetfor (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION H) Hold & Falle & 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO YES [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21. PLACE OF INJURY 211 LOCATION STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body offer deoth. 22b. SIGNATURE DEGREE CADATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME TYPE OR PRINT! 22m ADDRESS MARYLAND 21061 ALEJANDRO MONTOYA, M.D. 707 OLD ANNAPOLIS R., N.E., GLEN BURNIE, 236. BURIAL, CREMATION, REMOVAL 236 LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OF TOWN STATE COUNTY VIRGINIA BURIAL ARLINGTON NATIONAL 01 - 11 - 79FT. MYER 24. FUNERAL DIRECTOR

21229

ADDRESS

INC. 4107 WILKENS AVE.

DHMH-16 20M (VRA 15, 4) 7/78

ld b

MPORTANT

HUBBARD FUNERAL HOME.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT OF ESTI-1979 5 FOR YOUR FILE O, WITHIN 72 HO W, PRESTON STRE 6. AGE (IN YEARS 3. SEX DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d, HOUR 20. DATE MONTH DAY PRONOUNCED DEAD 6 10 M C2) YRS 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED WIDOWED TO DIVORCED O THE P AGE 5 FILED. 18. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h, KIND OF BUSINESS ION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b COUNTY 13d. INSIDE CITY LIMITS? YES [NO WITH FORM PM 3.

T. PAGES 1 AND 2 SH.
DIVISION OF WITH R & FATHER'S NAME (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per Jing for AL EXAMINER ALONG V BETWEEN ONSET AND DEATH CHIEF MEDICAL EXAMINER ALONG E USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUEN CE OF Canditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL THE CH YES NO, K RWARDED TO THE C PAGE 3 SHOULD BE STATE DEPARTMENT O 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 21201 SHOULD BE FORVERAL DIRECTOR: PEATH, WITH THE ST PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SBALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion CERTIFICA death resulted frame Hamicide Undetermined manner TITLE (SPECIFY ACTUAL DATE 1.18.79 MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT) LOCATION BURIAL, CREMATION, REMOVAL 236. BP BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250. DATE REC'D **DHMH-17** (VR A15 ME (5)) 15M 7/77

The first term of the second life and the seco

BP. DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND

79-00088

	FOR STATE REGISTRAR			ICATE OF DEATH	REG. N	-01100	
(TYP	PECEASED NAME FIRST	V	F. B	oswell	/	-4-79 /	2.3
3 SE	SEX F	1 RACE	5 DATE C	- 18-1900	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR IF UT	NDER 24 I
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) England	16 CITIZEN OF	MARRIE WIDOWE		9 BALTIMORE CITY O	eundel Co.	
	Annapolis	Anne	Hospital, nursing home of the facility, give street address) Arundel Gen. H		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife		
		OR OTHER INSTITUTION UNITY ACO.	1. GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN Deale	13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS Rte. 1 Bo	ox 332	
	FATHER'S NAME FIRST	MIDDLE	Wilson	15 MOTHER'S MAIDEN NA FIRST Florence	MIDDLE	Forsythe	
160.	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES, (ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 577-12-5887	Carolvn Bowe	n Box 240B	Huntingtown Md	
	couse (a), stating the underlying couse last.	DUE TO, C	DR AS A CONSEQUENCE SF	YOTING CI	GARETTE	5	
CATION	underlying couse last. PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM		206. IF YES, WERE FINDINGS I	
AL CERTIFICATION	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPŠÝ? YES \(\text{VO} \text{NO} \(\text{X} \)	DITION GIVEN IN PART 110: 205. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D YES NO	
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	T CONDITIONS C 19b COND 19b COND 21b TIME C HOUR A P 21e. PLACE	ONTRIBUTING TO DEATH BUT	NOT RELAND TO THE TERM	200 AUTOPŠÝ? YES \(\text{VO} \text{NO} \(\text{X} \)	20b. IF YES, WERE FINDINGS (IN CERTIFYING CAUSES OF DAYES NOT NOT THE MEMBER 18, PART 1 OR PART 2)	EATH?
	Underlying couse last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270 I certify that (I) (11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	T CONDITIONS C 19b. COND 19b. COND 21b. TIME (HOUR A HOUR A P 21e. PLACE (ATHOME, ST	ONTRIBUTING TO DEATH BUT ONTRIBUTING TO DEATH BUT OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY, OFFICE, FARM, ETC.) The deceased from 2 of the deceased from 2 of the deceased from 2 of the deceased from 3 of the deceased from 2 of the deceased from 3 of th	NOT RELAND TO THE TERM IN WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 19 26 nd that in (my) (a pinion	TO AUTOPSY? YES NO X RED (ENTER NATURE OF INJU-	20b. IF YES, WERE FINDINGS (IN CERTIFYING CAUSES OF D YES NO NO NOTION TO THE MEDITY NO	STATI
	Underlying couse last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETHER. NOTHEY MEDICAL EXAMIN 210. INJURY OCCURRED WHILE NOTH WHILE SOW THAT (IN 1997)	T CONDITIONS C 19b COND 19b COND 19b COND 21b. TIME (HOUR A HOUR A P 21e. PLACE (AT HOME, ST	ONTRIBUTING TO DEATH BUT ONTRIBUTING TO DEATH BUT OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY, OFFICE, FARM, ETC.) The deceased from 2 of the deceased from 2 of the deceased from 2 of the deceased from 3 of the deceased from 2 of the deceased from 3 of th	NOT RELAND TO THE TERM IN WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET	TO AUTOPSY? YES NO S RED (ENTER NATURE OF INJU CITY OR TOWN deoth occurred on the d	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DINCERTIFYING CAUSES OF DINCERTIFYING CAUSES OF DINCERTIFYING CAUSES OF DINCERT 18, PART 1 OR PART 2) WN COUNTY 3 , 19 9 , that ote and hour and from the cause 22c. DATE SIGN FF	STATI
MEDICAL	Underlying couse last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270 I certify that (I) (11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	T CONDITIONS C 19b COND 19b COND 21b. TIME C HOUR A HOUR A FER) 21e. PLACE (AT HOME, ST POIL ON THE BOOM POIL ON T	ONTRIBUTING TO DEATH BUT ONTRIBUTING TO DEATH BUT OF INJURY OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceased from 3 19 79 OTHER HOLLINGS TO THE HOLLINGS STEINFELD	216 HOW INJURY OCCUR 211 LOCATION STREET 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 10 ADDRESS	TO AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TOV deoth occurred on the d	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DINCERTIFYING CAUSES OF DINCERTIFYING CAUSES OF DINCERTIFYING CAUSES OF DINCERT 18, PART 1 OR PART 2) WN COUNTY 3 , 19 9 , that ote and hour and from the cause 22c. DATE SIGN FF	STATIO

Annapolis, Md

Hardestv Funeral Home

STATE HOTTLE 2/13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REONO.		tems #18-22a Fill for Item #5 per	m G528 2/0/70 TSTAT	HEALTH AND MENTAL H	YGIENE	
DECEASED NAME (THE OR PRINT) 3. SEX 4. RACE 3. DATE OR BITH 5. AGE INVIEWS 5. UNDER 1 YR. FUNDER 1 YR. FUNDER 24 HRS. FUNDER 1 YR. FUNDER 24 HRS. FUNDER 2	17	STATE	AAEDICAL EVALANT			1-00009
3. SEX 1. RACE 3. DATE OF BIRTH 3. SEX 1. RACE 3. DATE OF BIRTH 3. SEX 3. SEX 3. SEX 3. SEX 3. SEX 4. RACE 5. DATE OF BIRTH 3. SEX 5. DATE OF BIRTH 3. SEX 5. DATE OF BIRTH 5. SEX 5. DATE OF BIRTH 6. AGE INTERES 7. BIRTHPLACE 7. DATE 7. DATE		CEASED NAME FIRST	MIDDLE	LAST	2a. DATE KNOWN	MONTH DAY YEAR
S. SEX 4. RACE 5. DATE OF BITTH 1. AGE INVERSE IF UNDER 1 YR 1. AGE INVERSE INVERSE IT UNDER 1 YR 1. AGE INVERSE IN UNDER 1 YR 1. AGE IN UNDER 1 YR 1. AGE INVERSE IN UNDER 1 YR 1. AGE IN U	(14)		AS VERNON	Bower		0/181979
1/2 BIRTHPLACE DIAME OR 1/2 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1/2 USUAL OCCUPATION 1/2 USUAL OCCUPATI	3. SE	4. RACE	S. DATE OF BIRTH 6. AGE (IN YEA		24 HRS. 2t. DATE	
To CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ITEM USUAL OCCUPATION (DISCONSINE) IS KIND OF BUS OR NOT OWN OF THE HOSPITAL (DISCONSINE) ITEM USUAL OCCUPATION (DISCONSINE) ITEM USUAL OCC		MW	E 111 18 12	months and	MIN PRONOUNCED DEAD	1 18,79
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134 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond	10. C	TY OR TOWN OF DEATH		, OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUS OR INDUSTR
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Test of Death (Enter only one cause per line for (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Disease Conditions, if ony, which gove rise to immediate cause (a) stoting the under-lying cause (a) stoting the under-lying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES VIOLENT OR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. INJURY OCCURRED 21a. PLACE OF INJURY (AT HOME, 21c. LOCATION STREET HOME). 21c. LOCATION STREET HOME. 21c.	160	VAS DECEASED EVER IN U.S. ARM	AED FORCES? IAM SOCIAL SECURITY		-	MACL
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		UNDERLYING OR CONTRIBUTING CAUSE OF DI 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that I took charge	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET Autopsy , Inspection	CITY OR TOWN	A 18 PART 1 OR PART 2)
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-Russell Brittian S. DATE OF BIRTH 6 AGE IN YEARS I IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE 2d HOUR 4 RACE LAST BIRTHDAY PRONOUNCED 8 2 YRS DEAD Male White 25 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED WIDOWED I DIVORCED 17h. KIND OF BUSINESS IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 169 Inverness Rd. Iransit Severna Park 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13g. STATE 169 Inverness Rd MD. Severna Park 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDGLE 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Hion Vr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUF TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? WARDED TO IT.E. PAGE 3 SHOULD BE USER YES . 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TIE. PLACE OF INJURY (AT HOME, THE LOCATION 21d INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.I. STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE C...
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FAGE 4 SHOULD BE C...
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BAITMORE, MARYLAND, 21 the remains described abave, held an Autapsy Inspection. and in my apinian 22a. I certify that I tack Hamicide Undetermined manner TITLE (SPECIFY ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 13r NAME OF CEMETERY OR CREMATORY 130 BURIAL, CREMATION, REMOVAL 236. DATE BP **DHMH-17** (VR A15 ME (5)) obert S. Barranco Severna 15M 7/76

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1. DE	CEASED NAME FIRST BENT	WIDDIE	Brooks	2a. DATE KNOW OF ESTI- DEATH MATER	-
3. SEX		5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY	IF UNDER 1 YR. IF UNDER 24		MONTH DAY YEAR 26. HC
FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		AREN ICL
14	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RUBERT CLACK		20. USUAL OCCUPATION FOR MOST OF WORKING LIFE Diesel Me	
13a. S	TATE MD. 136. COUNT	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113C. CITY OR TOWN	YES NO F	30. STREET ADDRESS	ert Circle
	PENCE MANE PRIST VAS DECEMSED EVER IN U.S. ARM	Brooks Brooks	15. MOTHER'S MAIDEN FIRST 17. INFORMANT	MIDDLE	Craig
(YI	ES, NO, OBUNKNOWN) (IF YES, GIVE V	WAR OR DATES)	Mas. Juli	D M	RESS /
	PART I DEATH WAS CAUSED	TE CAUSE (MILLONOTE	e = metes i	lines	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY? YES □ NO ≥
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MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE D AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STAT
		e of the remains described obove, held an old causes . Accident . Suici	Autopsy , Inspection dide , Homicide ,	Undetermined monner	and in my apinion
	ACTUAL CONTRACTOR	had ms.	110 Min + 9		DATE 1-5-79
	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Linhardt	ADDRESS. Jus	MEDICAL EXAMINER	DATE SIGNED 1-5-79
(5	EXAMINER'S NAME	LINHARCH 136. DATE 1-8-79 ASSUCCES	Moth Church Com	espolis, 1	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DEGEASED NAME O DATE KNOWN MONTH 2b. HOUR BROSH YPE OR PRINT) OF ESTI-(NMN) BROSH DEATH MATED ALICS 19 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR NECESSE PIRES MONTH DAY LAST BIRTHDAY PRONOUNCED DEAD 2 07 Jo. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS PAGE OR INDUSTRY FOR MOST OF WORKING LIFE! Farmer Self Employ SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) AnneArundel Millersvill 13d. INSIDE CITY LIMITS? 266 Md-Rt3 North Maryland P YES NO LAL EXAMÍNER ALONG. WITH FORM PM 3 A BURALTRANSIT PERMIT, PAGES 1 AND 2.8 AND MENTAL HYGIENE, DIVISION OF WITH ION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE James Brosh Mary (unknown) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (wife) same as #13 (YEŞ, MO, OR UNKNOWN) GIVE WAR OR DATES 213-18-1600 Mrs. Mary W. Brosh CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION OF HE 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DRWARDED TO THE CH.
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STATE OF MARYLAND 79-00093 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Month (Type or Print) 5 PM3 DEATH MATED 6. AGE IIn years 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Day 23 Year 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT MARRIED NEVER MARRIED 9. COUNTY OF DEATH State WIDOWED DIVORCED alan 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not impropried 12a. USUAL O CLYATION (Kind of work done 12b. KIND OF BUSINESS OR with 13e. TREET AND NUMBER dereased lived, if institution Residence before 13d INSIDE CITY LIMITS? and 2 odmission) STATE 13b. COUNTY NO pup Chief Medical Examiner BALTIMORE 14. FATHER'S NAME MOTHER'S MAIDEN NAME Middle executed pages within **ADDRESS** 17. INSORMANT (Yes, na.) File event execute the certificate, writing the word shauld be farwarded to the farwarded to the shauld be shauld APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for les TWEEN ONSET AND DEATH permit. duy PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) = DUE TO, OR AS A CONSEQUENCE OF burial-transit remayal, and Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 6 crematian, CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO. MEDICAL 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING MEDICAL HOUR A,M uge Lur files. shauld to CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town County Stote factory, office building, etc.) yaur 3 sk iar ta AT WORK AT WORK director. pr 22a. I certify that I taak charge af the remains described abave, held an Autapsy Inspection . Inquiry 7 and in my apinian Hygiene Natural causes death resulted from Undetermined manner be retained DIRECTOR: F Accident Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL Mental 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1.24.79 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 0 2, and 3 ta Page 5 may TO FUNERAL Health and M NAME (Type) ADDRESS(Street, city, town, or county) A.Co (County) (State 25b. REGISTRAR'S SIGNATURE DHMH-17 1/71 tON (VR A15ME (5))

STATE OF MARYLAND

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24.17	FUNERAL DIRECTOR	1-27-79 Mt Cal • 1348 Calhoun Str	vary Cem.	Balto , Md.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 - 00097 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME Middle 20. DATE KNOWN Month
OF ESTI-2b. HOUR Year (Type or Print) UMN DEATH MATED 4 RACE IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR HOURS MAY 20 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH alang er death 10. CITY OR TOWN OF DEATH HWN APOLIS 3 80 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER POULS 13b. COU YES NO to the Chief Medical Examiner within ABRAL INA 16b. SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (Yes, no, or unknown) ABRA event File necessary, please execute the certificate, writing the ward directar. Page 4 shauld be farwarded to the Chief M 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: and Canditions, if any, which gave rise to immediate cause (a). remaval, DUE TO, OR AS A CONSEQUENCE OF burial-tr stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) crematian, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING MEDICAL HOUR A.M. 0 shauld ta buric CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) NOT WHILE P AT WORK AT WORK b 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion deoth resulted from Natural causes Accident Suicide Homicide Undetermined monner DIRECTOR: CHIEF MEDICAL EXAMINER ACTUAL Mental 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Page 5 may TO FUNERAL Health and M NAME (Type) ADDRESS(Street, city, town, or county) BURIAL, CREMATION (VR A15ME (5))

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STATE OF MARYLAND 79-00098

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND 79-00099 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) 0 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR 1898 Feb. 80 BIRTHPLACE (STATE OR FOREIGN L CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Deleware USA Anne Arundel WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTIBUTION 17h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

13b. COUNTY

13c. CITY OR TOWN 13a STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Anne Arundel Annapolis 623 Best Gate Road completely 1 and 2 sho 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST George Tvler Stant Estelle Edith Watts 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Annapolis (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ruth C. Bullen, 619 Best Gate Rd., Maryland 220-24-9646 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART L DEATH WAS CAUSED BY THROMBOSIS PRESTON ST. Conditions, if any, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? YES NO [Mentol Hygi 7 D ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a. I certify that (1) (this haspital) attended the deceased from sow the decreed alive on above. (If (we) (did (did not) view the body after dom. and that I (my (our) opinion death accurred on the date and hour and from the causes stated SIGNATURE 22c DATE SIGNED + ATTENDING should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 HYSICIAN'S NAME (IVE OR PRINT) 22e. ADDRESS Edward S. Beck 1616 Forest Drive, Annapolis 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 01-14-79 Cedar Bluff Cemetery Annapolis, A nne Arundel, Md. BP BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO DHMH - 16 50M 1/76 (VR A 15 (4)) Beall Funeral Home, 1212 West St., Anna, Md.

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couse (a) stating lying couse lost.	he under-	A CONSEQUENCE OF	1.1.1			
	mobile de	eterere Ry	L. Heener	uls.		
	CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1 (a	i).		
190. DATE OF OPERA	Total Societies					
12/18/	78 Lan	FOR WHICH OPERATION W	AS PERFORMED?		20. AUTOPS	
190. DATE OF OPERA 210. EXTERNAL CAUS	- July	HIPY 121. HI	OW INJURY OCCURRED (EN	NTER NATURE OF INJURY IN ITEM 18	YES [NO
UNDERLYING TO	R HOUR A.M. M	ONTH DAY YEAR	SA HAJORI OCCURRED IER	ALEK IANTOKE OL MITOKA IN ILEM 18	PART I OR PART 2)	
UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURSE	T.M.	140	CATION	mr.		
WHILE NOT AT W		FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		me	a sycas	rure I	AJICE'	
22a. I certify that I	ook charge of the remains describe	ed obove, held on Autop	sy , Inspection	Inquiry , or	nd in my opinion	
death resulted from	Natural couses :, Acc	cidenta, Suicide	. Homicide . Ur	ndetermined monner		
ACTUAL CO	4 Trans		TITLE (SPECIFY)		DATE . C.	70
SIGNATURE	Vir Mariy 11-	M	Depogy A	MEDICAL EXAMINER	DATE SIGNED 1. F.	7
EXAMINER'S NAME	Elin hap	+/	Ann	while he	ed.	
(TYPE OR PRINT)	MOVAL 23h DATE	23c, NAME OF CEMETERY O	ADDRESS 123	d. LOCATION		
Burial	1/12/79	Glen Haven		Elen Burnie	COUNTY	STATE
24. FUNERAL DIRECTOR			25 DATE REC'D	D. BY REGISTRAR 256. REA	A.A.CO.	.Md.
George J. G	once, 4001 Rit	chie Ho Ro	1timo JAN 1 2	2 1979	fry secred	y
	TIT O	CILL O LIE O B DN	T 0 T [[[[]]] [[E]			/

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENT CERTIFICATE OF DEATH REG. NO

EST

ı	2a. DATE OF DEATH MONTH	DAY	YEAR	26. HOL	JR A
	JANUARY 24,	197	9	2:	53 M
1	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDE	RIYEAR	# UNDER	24 HRS
	56 YRS.	MONTHS	DAYS	HOURS	MIN
	9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		- 1-11
	ANNE ARUNDEL	. CO	UNT	Y	MD.
	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L		KIND O USJRY elf	F BUSIN	ESS OR
Ī		17.			

130 STREET ADDRESS Box 139 B

Judith A. Clampitt Rt. 2 Box 123 Belpre

LAST

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

> COUNTY STATE

and that in (any) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED

HOSPITAL DRIVE, SUITE 110 MARYLAND 21061

236. DATE Jan 79 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, GREMATION, REMOVAL (SPECIFY) remation Westview (rematory atonsville Balto. Maryland

(VR A 15 (4))

24 FUNERAL DIRECTOR

STATE

DECEASED NAME (TYPE OR PRINT)

REGISTRAR

Ambrose Funeral Home 1328 Sulphur Spring Rd.

BP DHMH - 16 50M 7/77

T23	79-00104				
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110	TAL DRIVE, SULTE LE, MARYLAND 2106	1,013,4375 352,1,0351	.0.4 (0)	MEDO MICEN	JUSE 6.
	ja orano di di anto di		an 77 no	-c -c	i'a che
6-	SYANA EVER 423	A Spice No.	rest Lucel	310 35	OF SALVERY

DECEASED NAME MIDDLE 2a. DATE OF DEATH (TYPE OR PRINT) Hildrett ODEC 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAY Female White BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY 72 I Missouri U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION I IF NOT IN SUCH FACILITY GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cook 6-ENERA USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 1850 Patton Drive CITY OR TOWN 13d. INSIDE CITY LIMITS? pino Maryland Meade YES [NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Collier puo Olive R. Ralph ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) SAME AS 13e Mrs. Carol Boyles No 495-03-5445 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PNEUMONIA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) carbon ò DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 201 plea 0 ŏ ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) RECORDS, CERTIFICATION CARDIOVASCUIMR опу 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL tronsit p NOF sho certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL uriol (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION ŏ 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE AT WORK NO CIMY 22a. | certify that (1) (this hospital) attended the deceased from DIRECTOR the deceased alive onand that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (IL/we) (did) (did not) view the body after death # Item 22h SIGNATURE DEGREE MEDICAL ATTENDING ild be deta the State [FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS shoul with 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION CITY OR TOWN Balto. Westview Mem. Burial Pk. BP

George J. Gonce 4001 Ritchie Highway

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VRA 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

HOURS

12h, KIND OF BUSINESS OR

Catering

Hills

YES T

COUNTY

COUNTY

22c. DATE SIGNED

Maryland

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS

YEAR

DAY5

IF UNDER I YEAR

79-00105				
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I. DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) ERNEST 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) WHITE YEAR MALE 1886 13 IN BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OUNTRY) U.S.A. New York ANNE ARUNDEL WIDOWED DIVORCED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE College Galesville 200 Cumberstone Rd Galesville Md Professor JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 134. CITY OR TOWN 130. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Galesville CUMBERSTONE 177 A.A.CO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME A Jackson Cory FIRST Matheson Marie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 161 SOCIAL SECURITY NO. 219 36 8598A 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Ernest N Corv Jr Galesville. Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line to to the , and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause fast PART)? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART) 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AND OPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2 10 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) agreeded the g saw the deceased plive an above, (1) (we) (did not) view the body after death and that in (my) aur) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN TRECTOR PHYSICIAN 22d. PHYSICIAM'S NAME (TYPE OR PRINT) SOLOMONS ld b CHARLES H. WIRTH mD. 20820 LOTHIAN 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Jan 29, 1979 Ft Lincoln Crematory Brentwood Pro Georges Md. Cremation

F. Gasch's Sons P A Hvattsville, Md.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

250. DATE REC'D, BY REDISTRAR'S SICHATURE

HOURS

RD.

STATE

LAST

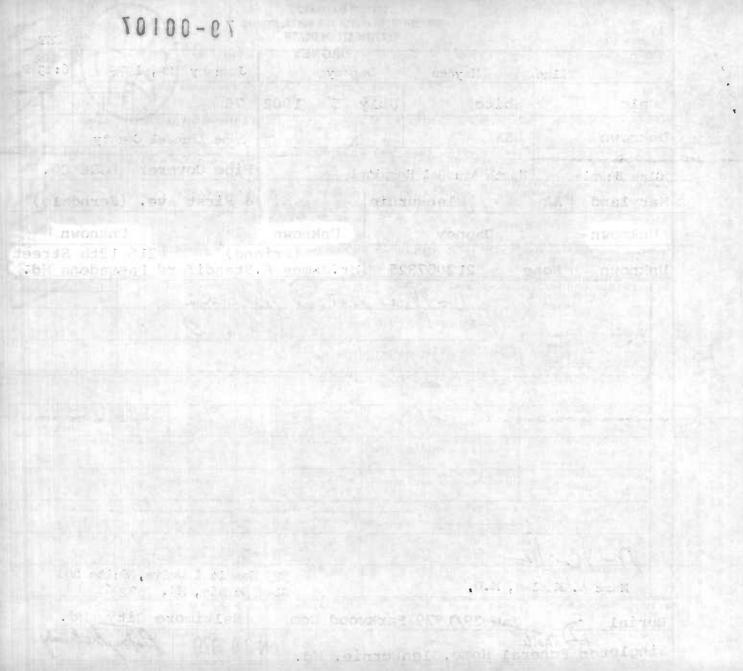
STATE OF MARYLAND

CERTIFICATE OF DEATH

FOR - STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 - 0 0



	d yau	poge.
	ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be option or attending physician.	JOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, bage, for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after deal of Health and Mental Hygiene prior to burial, cremation, ar removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TTENDING PHYSICIAN: The pital or attending physician.	JOR. After this certificate has been signed by the attending physics for use as the bund-transit permit. Then please remove carban paper of Health and Mental Hygiene prior to burial, cremation, ar removal.
	END!	DR: A
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and Mental Hygiene prior to burial, cremation, ar remaval

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MPORTANT

FOR - STATE

STATE OF MARYLAND 79-00108 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 26 HOUR D.WIELS

3. SE	X	4. RACE	5. DATE OF	BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDI	RIYEAR	IF UNDF	R 24 HF
	FEMALE	WHITE	MONTH 5	DAY	YEAR 07	71	MONTHS RS	DAYS	HOURS	MIN
	RTHPLACE STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED (NEVER MA	RRIED	A : A · C	JNTY OF DE	ATH 4		,
10 C	ANNAPOLS	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	HOSP		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		KND O SUSTRY	FBUSIN	ESS C
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUD	1 VI Melala wal	113	M INSIDE CIT	Y LIMITS?	130 STREET ADDRESS VE	4	CH	-	
14. FA	JAMES ALF	PED HOPKIN	S	MOTHER'S	E UNI	ik L.	-	Riz	E	/
	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. OCIAL SECUI WAR OR DATES) 217/600	732 J	DOE'S	Your	A PUR	RAK	t s	H	12
	PART I. DEATH WAS CAUSE	olly ane couse per line far (a), (b), and D BY. TE CAUSE (a) Couch	ruc	Ar	rest			APPROXI BETWEEN C	MATE INTE	RVAL D DEAT
	Canditians, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR, AS A CONSEQUE (c)	mar	y a	Heri	Miles.		100	ps	_
NOIL	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED T	O THE TERM	INAL DISEASE OR CONDITION	GIVEN IN	PART 1(c))	
RTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFOR	MED		F YES, WER ERTIFYING YES [TH?
CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	Ne HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR	PART 2)		

211 LOCATION

CITY OR TOWN COUNTY STATE

, and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated

DEGREE 22t. DAJE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 ADDRESS

200 PRYSICIAN'S NAME (TYPE OR PRIN 230 SURIAL, CREMATION, REMOVAL 23b. DATE

220 I certify that (I) (this bespital) attended the deceased fram

saw the deceased olive on abave. (I) (wer (did) (did not) view the bady after death.

P.M.

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CEMETERY OR GREMATORY

23d. MOCATION

R 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Health

OR ATTENDI

hospital ar

BP. (VR A 15 (4))

REGISTRAR

1. DECEASED NAM

(TYPE OR PRINT)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

Marry Mc Credy

79-00108 E MATTIE TELLES EMERICAS THE RESERVE OF THE STREET DOMAR BUTTER ARTHUR

consult nli fakakataneff

The most general 2000 ages in a

amountail manonialal bearing

dated the state of the state of

Andrews Inc. Beliefere, Maryland ...

firector, page 3 ours after death

and 2

the attending physician

please burial, ci

use as the burial-transit permit.

and Mental Hygiene

should be detached far use as with the State Dept. af Health

MPORTANT: If Item 21 is

8

FUNERAL DIRECTOR: After this certificate has been

0 prid

signed

other traumatic

Or

CERTIFICATION

MEDICAL

	FOR STATE REGISTRAR	DEP	AF MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	79-001	10
	1. DECEASED NAME FIRST	POF MIDDLE	D	ickson Jr		79 735 M
	Male	Caucasian	S. DATE C	DAY YEAR	52 YRS.	UNDER I YEAR IF UNIFER 24 HRS. THS DAYS HOURS MIN.
7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Scotland	76 CITIZEN OF WHAT COUN	MARRIEI		Anne Arundel.	MD.
52	10 CITY OR TOWN OF DEATH Annapolis		General	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OWNER Revell Es	
35		NTY 13c. CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1912 Old Annapoli	s Blvd.
21	14. FATHER'S NAME FIRST GOORGO	MIDDLE LAST	son Sr.	15. MOTHER'S MAIDEN NAMERS Helen	MIDDLE	tson.
1	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GN	E WAR OR DATES)	5-9832	Rosemary Dic	ADDRESS kson (same as 13e)	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse per line for (a), (I ED BY: TE CAUSE (a)	lus tu	hi Ca	probably	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 Welly -
	Conditions, if ony, which	DUE TO, OR AS A CONS	EQUENCE OF	fun Panc	reus.	
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF			

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR P.M.

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

NO

COUNTY

YES T

STATE

NO [

and that in (my) (por) opinion death accurred on the date and hour and from the causes stated

22c. DAJE SIGNED

22e. ADDRESS

V MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

STAFF

Maryland

saw the deceased alive on.

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE AT WORK

(IF EITHER, NOTIFY MEDICAL EXAMINER

21d. INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

WHILE

22b. SIGNATURE

Burial

Rodney L. Brimhall. M.D.

220.1 certify that (1) (this bospital) attended the deceased from

obove. (1) (westedid) (did not) view the body ofter death

1419 Forest Drive. 231. NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

0

01-06-79 24 FUNERAL DIRECTOR 1212 West St., Anna., Md. Home . Funeral

236. DATE

Annapolis, Anne Arundel, Hillcrest Cemtery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

e ·· L Comment of the Commen coontrib enti-Eng_Jobs Accompany with Linear County of County County of Course September 1 County of the Coun Arrived Armetel Annapolis at 1912 01d Annapolis drug Dickery Cr. | Dies A III 235-36-3832 | Nosenary Linkson (same, an ISA) noting a frank the last the last the state of the state o 01-06-77 Ulllopest Curtory | Austrolia, Asno Article, or.

. St. . West Can SINI . ecol latered Line

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or Item 18

If Item 21 is morked

IMPORTANT:

BP.

DHMH - 16 50M 7/77

(VR A 15 (4))

prior

CERTIFICATION

MEDICAL

	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		7.9 -	-0011	I EST
FIRST	MIDDLE	LAST	20. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR A.
ROBERT	RAYMOND	DITTMAR,	SR. JAN	IUARY 3,	1979	6:30 M
	Caucasian	Jan. 5,1895		ARS LAST BIRTHDAY) 83	MONTHS DAYS	HOURS MIN
orforeign 7	USA	MARRIED NEVER MARRIE WIDOWED DIVORCEI	ANNE	ARUNDE		Y MD.
RNIE	NORTH ARUNDE			OCCUPATION FOR MOST OF WORKING NTER	IZE KIND O INDUSTRY Ret:	r BUSINESS OR
136 COUNT	M7 D	1 13d. INSIDE CITY LIM		ADDRESS Leymar R	oad	
м	Das tt	nat Anna		WIDDLE	Hoffi	han
VER IN U.S. ARA	NED FORCES? 166 SOCIAL SECUR NAR OR DATES) 216-07-		ma Grund	ADDRESSIE		
H WAS CAUSED	one cause per line for (a), (b), and BY.	"and al I	meas	20+101	BETWEEN	MATE INTERVAL ONSET AND DEATH
ony, which immediate tating the ouse lost	DUE TO, OR AS A CONSEQUE					
SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO TH	TERMINAL DISEASI	E OR CONDITION C	GIVEN IN PART 10	
ERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTO	IN CER	YES, WERE FINDIN TIFYING CAUSES YES []	
S UNDERLYING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M., MONTH DA		CCURRED (ENTER NA	TURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2)	
CURRED	21e PLACE OF INJURY	21f LOCATION		CITY OF TOWN	COUNTY	STATE

underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	rminal disease or co	NDITION GIVEN IN PART 1(a)
190 DATE OF OPERATION	. 196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR 1	OWN COUNTY STATE
220. I certify that (I) (this hospital) sow the deceased alive on obove, (I) (we'ridid) (did not) vi	attended the deceosed from	d that in (my) (o'or) opini	an death occurred on the	, 19.2.2, that (I) (we date and hour and from the causes state

DEGREE

ATTENDING

KROOPNICK, M.D. R DORFDT

BOULEVARD 21061 MARYLAND

MODERT DE M		
230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c N

23d. LOCATION NAME OF CEMETERY OR CREMATORY

MEDICAL DIRECTOR PHYSICIAN

Burial	5 Jan.79	Lou
INERAL DIRECTOR		

Baltimore Md. don Park Cem. 250. DATE REC'D. BY REGISTRAR 256.

NAME

22b. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

FOR - STATE REGISTRAR I DECEASED NAME TYPE OR PRINT

Male To. BIRTHPLACE STATE Baltimor

> CITY OR TOWN OF BU

USUAL RESIDENCE (IF Md. 4 FATHER'S NAME FIRST Jacob

160 WAS DECEASED E (YES, NO OR UNKNOWN

18 CAUSE OF D PART | DEAT

Conditions, if gove rise to

3 SEX

S. Kirkley, Glen Burnie, Md. James

1070

COUNTY

22c. DATE SIGNED

79-00111 EST			
JAHUARY 2, 1970 6:30	TTHAR, SR.	EG GMONYAG	ROBERT
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brok tangal P	Y THE	slaves using	.611
mmm1101 #011 UL CE1		Lister	(60%)
. Ill charge, S. Richard	heron, ern		No

Sucial Fam. 79 Lower Park Jun. Hilvinore

COBERT B. KEOOPHICK, M.P. GLEN BURNIE, MARYLAND 21061

Sames d. 15widey, (Cem Armae, 14. 11)

79-00112 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) annie 3 SEX 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR MONTHS DAYS Negro 01 To. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. WIDOWEDXX DIVORCED [ANNE ARUNDEL COUNTY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
ANNE ARUNDEL GENER RAL HOSPITAL I TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNAPOLIS MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ould be 130 STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS IARYLAN D ANNAPOLIS A.A. YESKIX Martha Ct. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE WILLIAM RAWLINGS ANNIE WILLIAMS PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES HOOR UNKNOWN) I HE YES, GIVE WAR OR DATES! JAMES BIAS 1033 Martha Ct. Annapolis. Md APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY rlingua common tile de t IMMEDIATE CAUSE (a) ä DUE TO, OR AS A CONSEQUENCE OF ation, Canditions, if any, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying cause 201 ple ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Hygiene per NOF YES [NO I iol-tronsit 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 MONTH DAY YEAR HOUR A.M. Mentol OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY ò CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE AT WORK AT WORK 10 53 220.1 certify that (1) (this hospital) attended the deceased fram, 79 sow the deceased alive on and that in (my) (Que) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did (did not) view the bady after death 22h, SIGNATURE DEGREE 22c. DATE SIGNED Ŧ ATTENDING MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d, PHYSICIAN'S NAME ITYPE OR PRINTI 22e ADDRESS shou 0 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236 DATE 23d. LOCATION COUNTY - > > STATE BURIAL 1-15-79 BP. TABOR CHURCH CEME CHESTERFTELD MARYLAND 24 FUNERAL DIRECTOR Annaphlis, Md. DHMH - 16 50M 1/76 (VR A 15 (4)) WILLIAM REESE & SONS MORTUARY, P.A

STATE OF MARYLAND

requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

OR ATTENDING PHYSICIAN: The

BP. DHMH - 16 25M

(VR A 15 (4)) 9/74

should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 haur with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND FOR - STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	PECEASED NAME FIRST (PE OR PRINT)	MIDDLE	ı	AST	20. DATE OF DEATH	ONTH DAY YEAR	26. HOUR
	Joseph	n		Dulin	1-11-79		8 AM
3. S		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHE		
	Male	White	MONTH	2 O'S	75	YRS. DAYS	S HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.		9. BALTIMORE CITY OR		
6	Maryland	U.S.A.	WIDOWE	DEVER MARRIED DIVORCED	Anne Arund	•1	MD
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C		12a. USUAL OCCUPATIO	N 126. KIND	OF BUSINESS OR
A	nnapolis	(IF NOT IN SUCH FACILITY, GIVE STREET Anne Arundel	Gen(eral Hosp.	(TYPE OF WORK FOR MOST OF V		1 Mill
USI	UAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	ally .		10000	T. T
130.	STATE 136. COU			13d. INSIDE CITY LIMITS? YES NO 🕞	614 Knoll	rep boou	verna Pl
14. F	Maryland A.A.	Severn	a Pk	15. MOTHER'S MAIDEN NA		wood, ber	verna Pl
2/	FIRST	MIDDLE LAST		FIRST	WIDDLE		LAST
£ 160	Charles WAS DECEASED EVER IN U.S. AR	E. Dulin	DITY NO	Nami e	ADDRES	Marsh	iall
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)					
	Yes 1921	- 24 212 - 07-4:	3/5 A	Elizabeth	Dulin - Sec.		Will be a line of the line of
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause pervlige for (a), (b), and	dici.	: V. F. Co.		BETWEE	NONSET AND DEATH
		TE CAUSE (of	MU	lapy raide	١		
	4939	DUE TO, OR AS A CONSEQUE	NCF OF	0 (1) A - All	, ,		
919	Conditions, if ony, which	()	once	ud & feller	1		
	gove rise to immediate	(6)		44.4			
	couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	M ()			
	0.0000	(c)	<u></u>	16.0			
1-		CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART	1(0)
CERTIFICATION				E.			
S S	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUSI	DINGS USED
E	2.579				YES NO	YES [NO 🗌
T W	210. ACCIDENT WAS UNDERLYING		MEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR				
MEDICAL	21d. INJURY OCCURRED	21a, PLACE OF INJURY	19	211. LOCATION			
ME	WHILE TO NOT WHILE TO	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK		1000		-		
	22a I certify that (I) (this hosp	ital) attended the deceased from	1972	, 19	Januar		, that (I). (we) los
	obave, (I) (we) (did) (did no	January 1] 19 '	/9 , or	nd that in (my) (our) opinion	deoth occurred on the dote	a and hour and from th	ne couses stated
	226. SIGNATURE	1 -	1	DEGREE			TE SIGNED
	X X V. NIS		MI	PA ATTENDING	MEDICAL STAFF	NO 11-1	1-79
-	27d. PHYSICIAN'S NAME (TYPE	OR PRINT		22e. ADDRESS	- DIRECTOR - FITTSICIA		- (/
			Α		1 1 0		
	Donatu n.	Hislop M.D.P.	A .	Robinson Ro		s Way Sev	rerna Pl
23e.	BURIAL, CREMATION, REMOVAL	236. DATE 7 17 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
1	Removal	1/11/79					
24	FUNERAL DIRECTOR			25a. DAI	REC'D. BY REGISTEAR 25	b. REGISTRAR'S SIGN	ATURE
7	natomy Board 65	5 W. Balto. St.	Balto	. Md	70 1013	har harding	resoly
-	macomy board of	o He Datene Dre	DUTCO	. /			

79-00114 DESCRIPTION FIOR

79-00115 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 28 DATE OF DEATH MONTH DAY 2h. HOUR LTYPE OR PRINTS hES/EU 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR MONTH DAYS HOURS Black 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY MARYLAND WIDOWED DIVORCED [ANNE ARUNDEL COUNTY I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY DMITS? MARYLAND WEST RIVER Box 115 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST BEN DUVALL BULL SIMMS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 212-12-4592 ELIZABETH DUVALL Box 115 West River, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF S. V.D. Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Hygi 18 sh 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 2) d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220 1 certify that (1) (this has more attended the deceased fram. DIRECTOR sow the deceased alive an and that in (my) (and apinion death occurred on the date and hour and from the causes stated abave, (1) (was hid idid nat) view the bady after death 226. SIGNATURE DEGREE 22c DATE/SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL E 224 PHYSICIARYS NAME (TYPE OR PRINT) 22e ADDRESS IMPORT, STEINFELD 0 23a. BURIAL, CREMATION, REMOVAL 23h DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY BURIAL HOUSE OF PRAYER West River Maryl and 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25h REDISTRAR'S SIGNATURE ADDRESS Annapolis. Md. DHMH - 16 50M 7/77 (VR A 15 (4)) WILLIAM REESE & SONS MORTUARY, P.A.

79-00115 50 I be sold to the self of the self of the self of The state of the s magnic, we specify that we will be

CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) poge 3 JOHN JOSEPH DWYER JR. 6. January 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR MONTH HOURS Male White January 29.1905 70 BIRTHPLACE ISTATE OR FOREIGN ō 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED S. A. Maryland Anne Arundel County WIDOWED DIVORCED [I CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Glen Burnie North Arundel Conv. Center Owner of Dry Cleaners 13d INSIDE CITY LIMITS? 13e STREET ADDRESS laryland Anne Arundel Balto. Brookwood Road 4913 NO TY YES T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIGDLE John Joseph Dwver Anna Myer 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 0931 Mrs. Mildred Dwyer 215 05 SAME AS 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? P IN CERTIFYING CAUSES OF DEATH? o. NOF YES T NO F 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased framsow the deceased alive an Alluler 29 obave, (1) (we) (did) (and not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE Dept DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN be deta e State [MPORTANT 22e ADDRESS id b £ Oho 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Buria] Cemeterv Balto 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SICHATURE DHMH - 16 60M 1/75 4001 Ritchie Highway (VRA 15 (4)) George J. Gonce

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Appropries 2, 1999	EVER ARE		VINGU
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Anne Arundel dounty		L MARKET	ine fyng
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

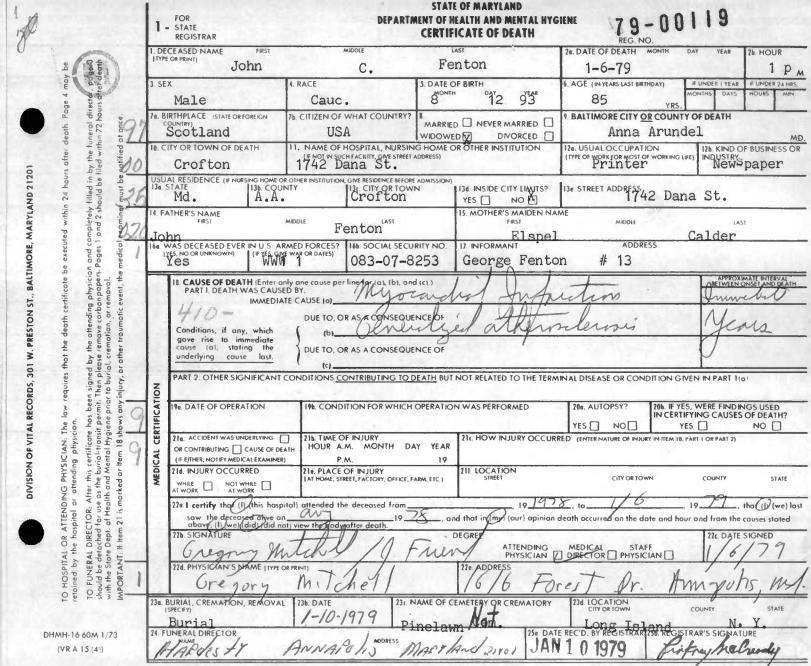
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CEKII	FICATE OF D	EAIH	REG. N	0.			
1		CEASED NAME FIRST	WIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	(TYPE	George George	E.	I	CBLE	Sr.		. 01	10	79	1020P.M
	3. SE	X	4 RACE		OF BIRTH	701 300	6 AGE (IN YEARS LAST BIR	TH _M AY}		ER I YEAR	IF UNDER 24 HKS
		Male	Cau	01		96	83	YRS	MONTH	DAYS	HOURS MIN
20	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	DUNTRY? 8.	D NEVER A	ARRIED	9 BALTIMORE CITY C	R COUN	TY OF D	EATH	
20	I	Baltimore	USA	WIDOW	ED X DF	ORCED	Anne Arun		Coun		MD.
1	1000	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, I	GIVE STREET ADDRESS)		ITUTION	12a USUAL OCCUPAT {TYPE OF WORK FOR MOST (121 FLIFE) 1N	DUSTRY	F BUSINESS OR
Jul .		Ft. Meade	Kimbrough				Freight C	ondu	c-R	ailr	oad
24	13a. S	AL RESIDENCE (IF NURSING HOME OF		ENCE BEFORE ADMISSION OR TOWN	13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS	tor		210	
20	_		Arundel Ha	nover	YES 🗌	NO TOX	7264 Fore	st A	venu		orsev
	14. FA	ATHER'S NAME	MIDDLE	LAST		MAIDEN NA	ME			LA	
120	Ge	eorge E	Eble	9	Mary	-					seker
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOC	TAL SECURITY NO.	17 INFORMA	NT Son	ADDR		MH.	MIL.	
	Ye			05 6141	Jose	oh Eble	e 7268 F	ores	t Av	enue	21076
		18. CAUSE OF DEATH Enter or		a), (b), and (c)		119/11/19				BETWEEN	MATE INTERVAL ONSET AND DEATH
	13.3	PART I. DEATH WAS CAUSE	TE CAUSE (a) Card	liopulmona	rv arre	st				min	utes
		43111	DUE TO, OR AS A CO	ONSEQUENCE OF							
		Conditions, if ony, which	(b)	57102002110201							
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CO	DNSEQUENCE OF				7.11			
		underlying couse lost.	(6)	SN3EO DENCE OF							
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BU	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION (SIVEN IN	PART 1	a1
	O	Abdominal ao	rtic aneurys	m; polycy	stic ki	dney di	sease				
	CAT	190. DATE OF OPERATION	196 CONDITION FO				200 AUTOPSY?	20b. IF	YES, WER	E FINDIT	NGS USED OF DEATH?
2	CERTIFICATION						YES NO X		YES	CAUSES	NO [
Q.	CER	210. ACCIDENT WAS UNDERLYING				JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 1	8. PART 1 O	R PART 2)	
-	AL	OR CONTRIBUTING CAUSE OF DE		19	200						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR		21f LOCATIO	N	CITY OR TO	WN		UNTY	STATE
	×	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	RT, OFFICE, FARM, ETC.)	JINEET						STATE
		220.1 certify that (this hospi	tol) ottended the deceose	ed from 10	Jan	. 19 79	10 J	an	. 19	79.	that (**(we) last
		saw the deceased olive on aboye, X (we) (did) X (d no	LU Jan	19 19 c	nd that in (Xy)	(our) opinion o	death occurred an the d	ote and h	our and	fram the	couses stated
		226. SIGNATURE	view me dody orier ded	an.	DEGREE		A		1	2c. DATE	SIGNED
		Ste 110	and le V	m	A	TTENDING A	MEDICAL STA	FF CIAN []		70 .	Jan 79
		224. PHYSICIAN'S MAME (TYPE O	OR PRINT)		22e ADDRES					10 (7
1		Steven Raib	le, CPT, MC		Kimbr	ough Ar	my Hospita	1, F4	. Me	eade,	MD
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR		23d. LOCATION CITY OR TOWN			20	STATE
-3	(BURIAL	01-15-79	ST. LAW	RENCE C	H. CEM	JESSUP		HOW		MD.
	24 FU	UNERAL DIRECTOR		DDRESS	2122		E REC'D. BY REGISTRAR	25b. 956	SE ARE	Mil	Merchy
		HUBBARD FUNERAI			KENS AVI	I. JAN	12 19/9	-	/		

Male BIRTHPLACE ISTATE ORF COUNTRY) Germany CITY OR TOWN OF DE, SLEN Burnie SUAL RESIDENCE (IF NUR: ALL TATLE Md. FATHER'S NAME FIRST William WAS DECEASED EVER (YES, NOOR UNKNOWN) Yes 18 CAUSE OF DEAT	ATH 11. NATH 100 SING HOME OR OTHER INS 13b COUNTY Anne Arun MIDDLE P. RIN U.S. ARMED FOR (IF YES, GIVE WAR OR D. WW I TH LENTER ONly ONE CO VAS CAUSED BY: IMMEDIATE CAUSE DUE ON WHICH IN THE PROPERTY OF THE PROPERTY	ME OF HOSPITAL, NUMBER OF HOSPITAL, SIVE STATES AND ALEST AND	5. DATEC MONTI Fel ITRY? 8. MARRIE WIDOWI URSING HOME (STREET ADDRESS) ne BEFORE ADMISSION) TOWN Burnie olf SECURITY NO. (3-5293	DAY YEAR 25, 1892 DO NEVER MARRIED ED XX DIVORCED DOR OTHER INSTITUTION 13d. INSIDE CITY LIMITS? YES NO XX 15 MOTHER'S MAIDEN N. FIRST Wilhelm 17. INFORMANT Otto Einolf C. C	86 years 9. BALTIMORE CITYO Anne Arund 120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OI Supervisor 130. STREET ADDRESS 100 Maple AME	MONTH DAY YEA IN . 26 . 197 HDAY) FUNDER IY YRS 12 KIN COUNTY OF DEATH LEI COUNTY OF DEA	9 6:00P MEAR IF UNDER 74 HRS AYS HOURS MIN. MODOF BUSINESS OR RY Stern Box 1 LAST eck
Male BIRTHPLACE STATE ORF COUNTRY) Germany CITY OR TOWN OF DE, CIEN Burnie SUAL RESIDENCE (IF NUR: AS TATE Md. FATHER'S NAME FIRST William WAS DECEASED EVER (YES, NOOR UNKNOWN) Yes 18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony gove rise to imm couse to j. stotir couse to j. stotir	ATH 11. ATH 100 ATH 11. ATH 11. ATH 11. ATH 11. ATH 100 ATH 10	ME OF HOSPITAL, NUOTINSUCH FACILITY, GIVES ME OF HOSPITAL, NUOTINSUCH FACILITY, GIVES MAD OF HOSPITAL, NUOTINSUCH FACILITY, GIVES 13c. CITY OR 13c. CITY OR 13c. CITY OR 13c. CITY OR 12c. CITY OR 12c. CITY OR 13c. CITY	5. DATE COMONT. Fet MARRIE WIDOW! URSING HOME COSTREET ADDRESS) ne BEFORE ADMISSION! TOWN Burnie olf SECURITY NO. 3-5293	OF BIRTH H DAY 25, 1892 ED NEVER MARRIED ED XX DIVORCED DR OTHER INSTITUTION 13d. INSIDE CITY LIMITS? YES NO XX 15 MOTHER'S MAIDEN N. FIRST Wilhelm 17. INFORMANT Otto Einolf C. C	86 years 9. BALTIMORE CITY O Anne Arund 120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Supervisor 130. STREET ADDRESS 100 Maple AME	PRODUCTS OF DEATH OF	EAR IF UNDER 24 HRS AYS HOURS MIN. MD DOF BUSINESS OR RY Stern Box 1 LAST eck 21229
Male BIRTHPLACE (STATE OR F COUNTRY) Germany CITY OR TOWN OF DE, GLEN Burnie SUAL RESIDENCE (IF NUR: Id. STATE Md. FATHER'S NAME FIRST William Was DECEASED EVER (YES, NO OR UNKNOWN) Yes 18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony gove rise to imm couse (o), stotir	Where the control of	ME OF HOSPITAL, NUMBER OF HOSPITAL, SIVE STATES AND ALEST AND	MONTE FEEL MARRIE WIDOWN WIDOWN TOWN Burnie Off SECURITY NO. 13-5293	DAY YEAR 25, 1892 DO NEVER MARRIED ED XX DIVORCED DOR OTHER INSTITUTION 13d. INSIDE CITY LIMITS? YES NO XX 15 MOTHER'S MAIDEN N. FIRST Wilhelm 17. INFORMANT Otto Einolf C. C	86 years 9. BALTIMORE CITY O Anne Arund 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Supervisor 130. STREET ADDRESS 100 Maple AME MIDDLE ina Cooppe	PRODUCTS OF DEATH OF	EAR IF UNDER 24 HRS AYS HOURS MIN. MD DOF BUSINESS OR RY Stern Box 1 LAST eck 21229
BIRTHPLACE (STATE ORF COUNTRY) Germany CITY OR TOWN OF DEATH OR TOWN OR	ATH 11. NATH 100 SING HOME OR OTHER INS 13b COUNTY Anne Arun MIDDLE P. RIN U.S. ARMED FOR (IF YES, GIVE WAR OR D. WW I TH LENTER ONly ONE CO VAS CAUSED BY: IMMEDIATE CAUSE DUE ON WHICH IN THE PROPERTY OF THE PROPERTY	S.A. ME OF HOSPITAL, NU D'IN SUCH FACILITY, GIVE S Maple La TITUTION, GIVE RESIDENCE 13c. CITY OR CITY OR CITY OR ACTES! 212-0 E 10, OR AS COUNTY E 10, OR AS COU	Fel MARRIE WIDOWI URSING HOME (STREET ADDRESS) BEFORE ADMISSION TOWN Burnie Olf SECURITY NO. 13-5293	D. 25, 1892 D. NEVER MARRIED D. NEVER MARRIED D. NORCED D. OTHER INSTITUTION 13d. INSIDE CITY LIMITS? YES NO XX IS MOTHER'S MAIDEN N. FIRST Wilhelm 17. INFORMANT Otto Einolf C. C. C.	P. BALTIMORE CITY O Anne Arund 120. USUAL OCCUPATION (IYPE OF WORK FOR MOST OF Supervisor 130. STREET ADDRESS 100 Maple AME	PRECOUNTY OF DEATH Lel County, ON 12b KIN F WORKING LIFE) INDUST E Lane 2106 F1 The property of the propert	MD M
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Annapolis Md.	11. NAME OF HOSPITAL OR INSTITUTION (If no give street address)		UPATION (Kind of work done working life, even if getired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if ir odmission) STATE 13b. COU	stitutian: Residence befare 13c. CITY OR	TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	01 111 0
14 FATHER'S NAME First Mid	dle last 15.	CWATUP -	1150uth 12,00	C U WISTOUSTO
200 George Wils	on Ford	MOTHER'S MAIDEN NAME First	middle	WARD
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of server) 18. CAUSE OF DEATH (Enter only one cause	(e) 2/4-/2-0986 D	DROTHER E.F	Told Same A	K13C.
Canditions, if any, which gave rise ta immediate cause (a), stoting the underlying couse last. (c)	OR AS A CONSEQUENCE OF	ner and the re	sing cup week	agent & your
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OR CONTRIBUTING CAUSE DF DEATH HOUR	ME OF INJURY A.M. Month Day Year P.M. 19	W INJURY OCCURRED (Enter natur	e af injury in Port 1 or Port 2, Item	18.)
21d. INJURY OCCURRED 21e. PLACE OF INJ While Not while of work	URY (AT HOME, FARM, STREET, FACTORY.) 21f. LOC OFFICE BUILDING, ETC. 21f. LOC	CATION Street or R.F.D. No.	City or Tawn (County State
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22b. SIGNATURE O. Spock	enare, Tuo DEGRE	ATTENDING MED. E PHYS. DIRECTO	R STAFF 22c. DATI	E SIGNED /
S & 22d. PHYSICIAN'S	an, Wis	16 Murray A	ne, Annapolis	ruds 14d
230. BURIAL, (REMATION, 23b. DATE -/	-79 23c. NAME OF CEMETERY OR C	SEMATORY Cem.	LOCATION (City or Town) (County) M (Staye)
1/71 30M 24. FUNERAL DIRECTOR HAPPICA	1 Hame Ann	DATE AN 3 L	STRAR 256. PECISTRAP'S SIG	Metreody

,	1			STATE OF MARYLAND			
1	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		9-0012	11
page 3		CEASED NAME FIRST CORPRINT ERNES +	William	FORSE!	REG. NO	0. MONTH DAY YEAR 1-29-79	26 HOUR 9 0945 Am
à Luca	3 SE		4 RACE	S DATE OF BIRTH MONTH OAY YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE MONTHS DA	EAR IF UNDER 24 HRS
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s. Poges		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	OG 19 NAMEY FREST	3000 N	- / 1 .	Piva Md.
signed by the attending phen please remove corbang to burial, cremation, or remojery, or other traumatic even	76	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE TOTAL TOTAL TO THE TOTAL TO		AINAL DISEASE OR COND	DITION GIVEN IN PART	1 Mios.
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)	230.	BURIAL, CREMATION, REMOVA SPECIFY)	/	NAME OF CEMETERY OF CREMATORY	SUIT LANC	COUNTY	mediate
6 50M 1/76 A 15 (4))		UNERAL DIRECTOR LA	ADDRESS	Que Clana IDA	E REC'D. BY REGISTRAR 2	Sh. REDISTRAY'S SIGN	TATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) William 31 Fuller 4 RACE IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAY YEAR male Black BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY ANNE ARUNDEL COUNTY MARYLAND CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE **INDUSTRY** ANNE ARUNDEL GENERAL HOSPITAL ANNAPOLIS BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13e STREET ADDRESS 3564 Riva Road 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE ANNIE MITCHELL BUD FULLER ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES' (YES. NO OR UNKNOWN) ALICE FULLER 3564 Riva Rd. Davidsonville, Md 219-38-9082 NO APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ond Mental Hygiene NO [NO YES sho 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion deoth accurred on the date and hour and from the couses stated (1) we) (did) (and nat) view the body after death should be detached with the State Dept. DEGREE 22c DATE SIGNED ATTENDING A STAFF MEDICAL DIRECTOR PHYSICIAN I 22e ADDRESS MPORT DIE 23c. NAME OF CEMETERY OR CREMATORY CREMATION, REMOVAL 23b. DATE BURTAL 1-11-1979 PINELAWN MEM. PARK Annapolis Maryland 24 FUNERAL DIRECTOR Annapolis. Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE rifrey Malredy DHMH - 16 50M 1/76 WILLIAM REESE & SONS NORTUARY, P.A. (VR A 15 (4))

THE PARTY OF THE P

Milton A. Gibson NAME:

January 27, 1979 DATE OF DEATH:

Anne Arundel PLACE OF DEATH:

79-02846 SEE:

February, 1979 Anne Arundel County



REG. NO I. DECEASED NAME ALIDDI E LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) WILLIAM GRANT. SR. C. JANUARY 12. 1979 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | ANNE ARUNDEL COUNTY WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GLEN BURNIE NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME puo range 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMAN ADDRESS (YES, NO OR UNKHOWN) (IF YES, GIVE WAR OR DATES) onpopel 18 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c) PART I. DEATH WAS CAUSED BY LUNG FEUSION -ARCINOMA IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF METASTASIS. PULMONARY Conditions, if dny, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost pleo DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION MELLITUS , CLAUCOMA 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be detoo with the State D DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 1404 CRAIN HWY.,S.,GLEN BURNIE, MARYLAND HARI K. BHASIN, M.D. 23a BURLAL CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE

- STATE

REGISTRAR

RAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

76 HOUR EST

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

6 HONTH

NO F

21061

1000

STATE

COUNTY

TRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

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STATE OF MARYLAND

FOR

REGISTRAR

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(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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3	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	00128
	DECEASED NAME FIRST L	eona MIDOLE Jane	LAST HANNA	20. DATE OF DEATH MONTH DAY	TANK IZU. FICUK
338	LEONA	J	HANNA	JAN, I'	1 1979 340 41
of the party of th	FEMALE	LUHITE	S. DATE OF BIRTH MONTH DAY YEAR ALLGO, 18, 1894		UNDER LYEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
no 72 hou	b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL	COUNTY M
by the full motified with	O CITY OR TOWN OF DEATH ANNAPOLIS	11. NAME OF HOSPITAL, NURSIN (14 NOT IN SUCH FACILITY, GIVE STREET, BAY MANOR A		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Printing
filled ould b	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COUNTY	13 CITY OR TOW	AOMISSION)	13. STREET ADDRESS RT 2, BOX 1152	2 32
ond 2	Robert He	rring Hanna,		Ann MIDDLE	Muir
on ond con ond	60. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 213-09-1		ter ADDRESD. #2 M. Norris, Centrev	
hysicie ooper ovol.	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and		rescules Dieses	BETWEEN ONSET AND DEATH
ertifice ig phy son po remov		TE CAUSE TO THE CA	levotic largiou	usculul 11, sast	years
e deoth c tottendir nove cort otion, or troumotie	Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	alines Arter.	osclerus is	years
that the	couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE			
5 5 5 5	PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM		
The low recion. cion. sit permit. sit permit. shows ony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO YES	
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP (IF ETTHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		Y YEAR 19 21t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN TIEM 18, PART	1 OR PART 2)
1 2 2 . 7	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TTOR: At for use of Healt	sow the deceased alive on	tol) ottended the deceosed from	one has in (my) (our) apinion of	deoth accurred on the date and hour o	, that (I) (we) last
ral OR A y the hos Ral DIREC detoched ote Dept.	22b. SIGNATURE	with	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Stote	224 RHY TCIAN'S NAME (TYPEO	PRINT H. WITTH	MD 220 ADDRESS LO	thian Md	20820
BP	30. BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY rkwood Cemetery	23d. LOCATION CITY ORTOWN Baltimore.	Md.

Jan.19,1979 Parkwood Cemetery

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Barton Bros. James H. Barton, Jr., Centreville, Md. 21617

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	were from				
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					Tetrus.

completely filled in by the funeral 1 and 2 should be filed within 72

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

within 24 hours ofter

executed

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

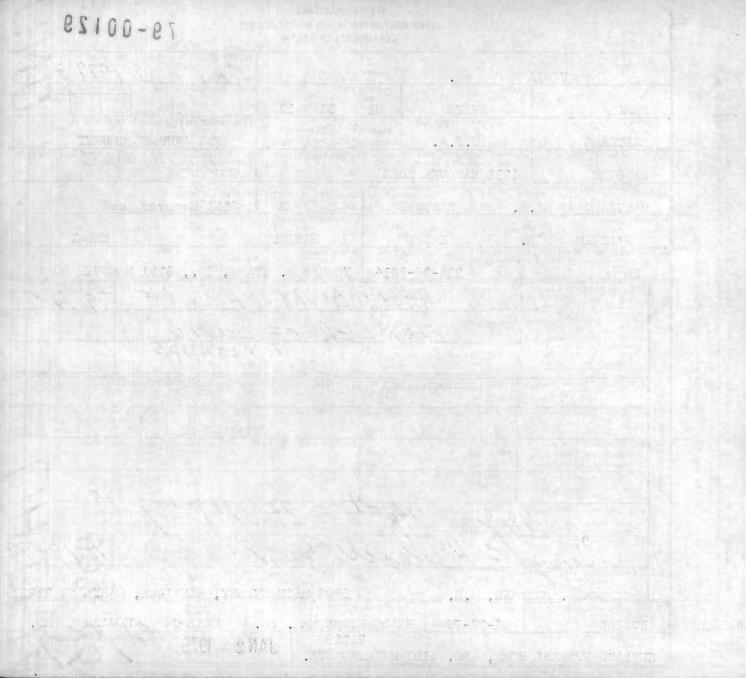
79-10129

come of the material statement

1	REGISTRAR			CERTIF	ICATE OF DE	HTA	REG. N	2	, , , ,	
	DECEASED NAME	FIRST	WIDDLE		AST				AY YEAR	26 HOUR
1	(TYPE OR PRINT)	VIOLA	E.	H	ARLESS	- 200	TAN	18	1979	305 Pm
3	3. SEX	4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
L	FEMALE	W	HITE	01	31	19	5		ONTHS DAYS	HOURS MIN
7	a BIRTHPLACE STATE OR FOI	REIGN 76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA		9 BALTIMORE CITY	1110	OF DEATH	
4	MARYLAND		J.S.A.	WIDOWE		ORCED	ANNE AR	UNDEL	COUNTY	MD.
1	O. CITY OR TOWN OF DEAT	TH 11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTIT	NOITUT	120 USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
1	HANOVER	1	HANOVER RO			= 12.74	HOUSEWIF		E) INDUSTRY	
Ţ	USUAL RESIDENCE (IF NURSH			ADMISSION)	134 INSIDE CIT	V 1 144 17 C 2	13e. STREET ADDRESS			KE MAIN
4	MARYLAND	A.A.	HANOVE			NO [X]	6231 Han	over R	oad	
1	4 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	AE .			A Company
0	WILLIAM	L	BASIL			RION	WIDDLE		KELLY	
1	60 WAS DECEASED EVER I		16b. SOCIAL SECU	RITY NO.	17 INFORMAN		ADDR	ŠŠ		
	NO	(IF TES, GIVE WAR OR DATES)	218-36-7	7816	THOMAS	B. EV	ANS, SR.,	6231 H	ANOVER	ROAD
F	18 CAUSE OF DEATH	(Enter only one couse pe			0 11 -	0.	/	0		MATE INTERVAL DISET AND DEATH
9	PART I. DEATH WA	AS CAUSED BY: MMEDIATE CAUSE (0)	RE	3//	MATO	KY /	FAILURI	E	9	MO
	1629		R AS A CONSEQUE	NCEOE	1- 0	/	,			
	Conditions, if ony,		CASACONSEOGE	NIC	PI	OF.	LUNG)		
	gove rise to imm	ediote	R AS A CONSEQUE	NCEOF		01	WETASTO	.5		
I	underlying couse		OR AS A CONSEQUE	NCE OF			11/1/01		1 300	
	PART 2 OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 10	
	NO NO									
	19a. DATE OF OPERAT	ION 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20e AUTOPSY?	206. IF YES,	, WERE FINDIN	IGS USED
	E						YES NO		CAUSES	NO [
1	210. ACCIDENT WAS UNDE		OF INJURY .M. MONTH DA	V VEAD	21c. HOW INJ	JRY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)	
	OR CONTRIBUTING C	TOOL OF DEATH	.M.	19						
ı	(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRI	JAT HOME ST	OF INJURY	PM FTC)	211 LOCATION	1	CITY OR TO	WN	COUNTY	STATE
	WHILE NOT WHI	18	ALLI, I ACTORI, OTTICE, II		1	- ~	0		20	0,7,12
I		this hospital) ottended t	he deceased from	3 00	1	18/	_ 19/11/3/2	1	19/	that (I) (Ne) last
1	sow the deceased above, (1) (we) (di	d olive on di view the body	ofter death.	. 01	nd that in (my) (opinion d	eoth occurred on the d	ote and hour	and from the	couses stoted
1	226 SIGNATURE	10	1/2 /		DEGREE		/		22c. DATE	SIGNED -
	De	y same	Trolle	M	V AI	TENDING TYSICIAN	MEDICAL STA		1-1	7-/7
	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)			22e. ADDRESS					
	GEORGE E	GROLEAU.	M.D.		5608 M	AIN ST	REET ELKR	IDGE.	MARYLAN	ND 21227
7	30. BURIAL, CREMATION, R			IAME OF C	EMETERY OR CE		23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BURIAL	01-2	2-79 M	EADOW	RIDGE ME	M. PK.		E AH	OWARD	MD.
2	74. FUNERAL DIRECTOR		ADDRES5		21229	250. DATE	NES DAY REGISTRAR	25b. (FC)St	THE REAL PROPERTY.	are dy
		ERAL HOME,		WILK	ENS AVE.	JAI	N & 6 13/3		/ 4	/ 4

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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injury, ar other traumotic event, the

should be detoched for use as the burial-transit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remayal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

Cully Funeral

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00131

1		REGISTRAR		CEKITE	ICATE OF DEATH	REG. NO			EST
Ì		CEASED NAME FIRST	WIOOLE	L.	AST	20. DATE OF DEATH		AY YEAR	26 HOUR A
I	((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WILLIA	M RAY	HIMEL	RICK	JANUARY	3, 1	1979	5:45 M
I	3 SEX		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNGER 24 HRS
ı		Male	White	Feb	. 20, 1894	84	YRS.	SATIO DATE	7.00.10
-	(A)	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIEI	D NEVER MARRIED	BALTIMORE CITY O			
	10.00	Vest Virginia	USA	WIDOWE			NDEL	COUNT	MD.
	GI	FN BURNIF	11. NAME OF HOSPITAL, NU	NDEL HOME		120. USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY	F BUSINESS OR
-	USUA		ROTHER INSTITUTION, GIVE RESIDENCE		SFITAL	Machinist		(nem	ical
)		ryland Anne	NTY, 13c. GITY OR,	town	13d. INSIDE CITY LIMITS? YES NO 🕰	400 Rugby	Avenu	e 2122	5
I	14. FA	THER'S NAME FIRST	MIDDLE		15 MOTHER'S MAIDEN NA	ME		O . WAS	T
1		Hagan -	Himelni		Rachel	R.		Bland	
1		(AS DECEASED EVER IN U.S. AR	E WAR OR DATES	SECURITY NO	17 INFORMANT	REDRY	, Box	722 0	24///
I		es w.w.	. 1 303 03	4040	Steve C. Hoog	inagle Stev	ensvi		
١		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:		MONIA			BETWEEN	MATE INTERVAL
ı		1/ 4/ - IMMEDIA	TE CAUSE (a)		ISINET			1	an.
۱	2	Conditions, if ony, which	DUE TO, OR AS A CONS	EQUENCE OF				a me	
1	9	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	FOLIENCE OF		AND SHIPS			
1		underlying cause last	(c)	EOOEINCE OI					
ı	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	OITION GIVE	EN IN PART 10	11
4	Į Į	DEHYDI	CATION	AZOTO	51414;			761	31-20
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES	OF DEATH?
4	ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO NO	1	5 🗍	NO 🗆
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		THE HOW WYORK OCCOR	KED (ENIER NATURE OF INJUR	T IN HEM 18, PA	ART LORPART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211, LOCATION				1 1 1 1
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	CITY OR TOW	14	COUNTY	STATE
I		220.1 certify that (# (this hospi	/ "	~~~	19 79		3		that (tr-(we) last
			of view the body ofter death.	- /	nd that in (my) (aur) opinion	death occurred on the do	ite and hour		
1		22b. SIGNATURE	Egronneen		DEGREE ATTENDING	MEDICAL STAF	F _	22c. DATE	SIGNED
4		22d. PHYSICIAN'S NAME (TYPE'C		6	PHYSICIAN [DIRECTOR PHYSIC	IAN [/ -	5-19
1			OMUCENO, M.I	D.	815 RITCH	IE HIGHWAY	SUIT	TE 106	
+	23a. B	URIAL, CREMATION, REMOVAL			SEVERNA PA	ARK, MARYL	AND	21140	

1979 Duckwall (hurch

237 East Patapsco Avenue Home of Brooklyn Balto. Cem. Benkeley.
250 DATE REC'D. BY REGISTRAR

1979

DHMH - 16 50M 7/77 (VR A 15 (4))

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JANUARY 3, 1979 5:4	MQ191	30111	149	411111	
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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical mam

STATE OF MARYLAND

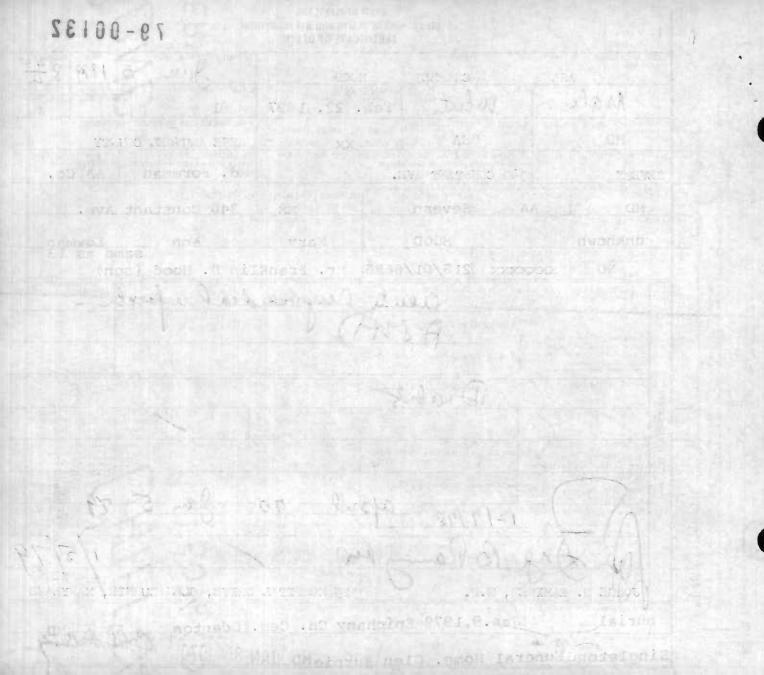
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-7	3. SEX			4 RACE	Λ	5. DATE C		L Daniel Con	6. AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNI	DERIYEAR	IF UNDER 24 HRS
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1	7a Bil	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER	MARRIED	9 BALTIMORI	E CITY OR COU	NTY OF D	DEATH	4 2
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1	10 CI	TY OR TOWN OF DEA	ATH				OR OTHER INS	TITUTION					BUSINESS OR
20	SE	VERN											co.
1	USUA	AL RESIDENCE (IF NURS					**** ****		La expert to	DO DECC	-		
1	130. 3		_	_		N					mde 7	1	
20	14 FA	THER'S NAME						4343		Consta	HC E	IVE.	
20				MIDDLE			N/	FIRST		MIDDLE		-	
XL,	16n V		IN II S AR	MED FORCES?		RITY NO					Samo		ian
-		ES, NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES)					Tim D				13
	-	NO			213/01/	0000	PIL .	rrain	TIU D.	пооц	(501		
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Ti.				DUE TO, O	R AS A CDISEOUS	M	1)	V		V			
		couse (0), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF							
	NOI	PART 2 OTHER SIGN	NIFICANT	CONDITIONS	TALL TO E	FATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE (OR CONDITION	GIVEN IN	PART 1(o	
2	RTIFICAT					OPERATIO	N WAS PERF	DRMED		INCE	YES, WEI RTIFYING YES	RE FINDIN CAUSES	GS USED OF DEATH? NO
7						YEAR	21c HOW II	NJURY OCCURR	RED (ENTER NATU	RE OF INJURY IN ITEM	18, PART 1 C	OR PART 2)	
1	CAL			· · ·		19	Mark Comment						
	MEDI					ARM, ETC.)	21f LOCATI	ON		CITY OR TOWN	c	OUNTY	STATE
						al	1.0	70		Am 5	-	79	
	-5	sow the decease	d glive on	12/1	19	01	nd that in (my) (our) opinion o	death occurred		hour and		hat (I) (we) last couses stated
		276. SIGNATURE	(aid no	1) view the body	offer death.	A		- 37-	/			22c. DA/E	IGNIO
		1 W X	4n	R 10	1 Cam	~ /L		PHYSICIAN Z		STAFF PHYSICIAN		1/5	1/19
BRITHPIACE SISHE ORIGINATION The CHIZEN OF WHAT COUNTRY		2106P											
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			KEMOVAL						CITY OR T	NWO	COUN	ETY	STATE
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DHMH - 16 50M 7/77 (VR A 15 (4))

Singletone Funeral ADDRESS Home, Glen BurnieMD

25a. DATE REC'D. BY REGISTRAR 25b. 1979



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DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

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3		1.	FOR STATE REGISTRAR				CERTIFI	CATE OF I	MENTAL HYG	REG	5.140.	9-00	1 3.6 . T
	. e-		CEASED NAME OR PRINT)	FIRST		WIDDLE		AST		2a. DATE OF DEAT		OAY YEAR	26. HOUR
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	after of	3. SE			4. RACE		S. DATE O	DAY	1888	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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	nerel of n 72 ho	/a. B!	RTHPLACE (STATE OR FO DUNTRY) Maryland	OREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIED	NEVER /	MARRIED	9. BALTIMORE CI		COUNT	Y MD
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AND 213	filled in bould be	13a. S	it residence (# nurs tate Maryland	13b. COUN	other institution TY Arunde	13c CITY OR TOW	N	138. INSIDE C	NO X	13e. STREET ADDRI	x 300		
MARYL	ed within mpletely and 2 sh		THER'S NAME FIRST John	Hen	riddle ry	Johnson			S MAIDEN NA. FIRST nie	ME	PLE	Alto	n
RE,	- 0		AS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMA	ANT	Al	DDRESS		
IWO	n and c Pages	()	no	(IF YES, GIVE	WAR OR DATES)	723-14-0	918	Maria	n E Joh	nson Box	300 Tr	cacys La	nding
DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., BALTIMORE, MARYLAND 21201	hat the death cert by the attending i ase remove corban i, cremotion, or rer ather troumatic ev		Conditions, if ony, gove rise to improve couse (a), stating underlying couse	, which mediate ng the	(b)_	CHRONIC OR AS A CONSEQUI OR AS A CONSEQUI	TIVE	7-01-0	FAILUR NEPHRO	PA THY,	U.T.1.		
201	ned to blee	, II	PART 2 OTHER SIGN	VIFICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR (CONDITION GI	VEN IN PART 1	31
RDS	equi n sig Ther to t	NO.	ASHD	CHF	2	? PNEU	HONIT	15					
IL RECO	he law re on. hos beer i permit. ene prior	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	DRMED	20a. AUTOPSY?	IN CERT	S, WERE FINDIN FYING CAUSES ES	
OF VITA	iySiCIAN: Ti ding physici is certificate burial-transit Mental Hygi or Item 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	· m	DE INJURY .M. MONTH D. .M.	AY YEAR	21c. HOW IN	JURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM 18,	PART 1 OR PART 2)	
NOISION	DING PHYS or attending After this of a stebulation of the and Me marked or I	MEDICAL	21d. INJURY OCCURE WHILE HOT WILL AT WORK AT WO	HILE [7		OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATK STREET		City C	PRTOWN	COUNTY	STATE
	TTEN pital TOR for us of He		22a.1 certify that (1) saw the decease above, (1) (week	ed olive on.		1/4 197	9, on		, 19 7 8) (au-) opinion	, to death accurred on t	he date and ha		that (I) (we) last causes stated
	ALOR A y the hos (ALDIREC detached ote Dept.)	16	226. SIGNATURE	Bha	h <u>'</u>		M	DEGREE		DIRECTOR PH	STAFF IYSICIAN []	22c. DATE	177
	TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I MPORTANT: If		HARI K		ASIN,	M. D.		22e ADDRES	1 10 1	CRAIN H BURNIE,	MARYL	AND AND	TE 300 21061
	5 € 5 € 3 ₹	23a. E	URIAL CREMATION	REMOVAL	23b. DATE	234.1	NAME OF C	METERY OR	CREMATORY	23d. LOCATION			

ATTENDING MEDICAL STAFF MD PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) BURNIE, MARYL K. BHASIN, M. D. HART 23d LOCATION
CITY OR TOWN
Friendship 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Md. Co. Carters Chr. Cem. Jan. 10-79 A.A. Buria! 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Prince Frederick, Md. Spencer E. Sewell

DHMH-16 50M7/77 (VRA 15 (4))

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2:508	January E, 1979	10204	ii, .J	Кадеог	
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BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00138

	1 -	REGISTRAR				CERTIFI	CATE OF DEATH	RE	G. NO.	100		
		CEASED NAME	FIRST		MIOOKKA	Koniec's	žnv	20. DATE OF DEA		AY YEAR	26 HOUR	2
	(ITPE	Steph	en		J.		y, Sr.	Januar	v 2	4 1979		М
	3. SEX			4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LA		ONTHS DAYS	IF UNDER 2	24 HRS
3 1		Male		Whi	te	Dec	0/ 100	9	79 YRS	DATES OATS	NOOKS	Mild
1		RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY	OF DEATH		0
	4.4	aryland		U.	S.A.	WIDOWE		□ Anne A	rundel (MD.
9	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NU		R OTHER INSTITUTION	12a. USUAL OCCU	JPATION AOST OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINES	SSOR
9		altimore			nonds			Superi	ntenden	Reve:	re C	opp
1	USUA 13a S	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION) TOWN	13d. INSIDE CITY LIMIT					
21		arvland	Anne	Arund	el Ba	lto.	YES NO		onds La	ne		
	14. FA	THER'S NAME		MIOOLE	LAST		15 MOTHER'S MAIDEN	NAME MID	DIE	LAS	it.	
6		Michael			niecz		Maryan			10 100		
/	16a. W	VAS DECEASED EVER I	N U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		DDRESS			
		NO			215-1	0-6164	Stephen	J. Kenny	Jr. SA	ME AS	13e	
		18 CAUSE OF DEATH	(Enter on	ly one couse per	line for (a), (t	o), and (c).1	id. 1. 1			BETWEEN	DNSET AND D	DEATH
		PART I. DEATH WA		E CAUSE (0)	(C)	neur	MUTHO	+		2	neve	2.
		1579		DUE TO, O	R AS A CONS	EQUENCE OF	AMITUAL	The Ann	under 6		1)	
		Conditions, if any,		(b)			CAL ANNOUN	WIL JU	num		./	
		gave rise to imm couse (a), stating	g the	DUE TO, O	R ASM CONS	EQUENCE OF	MA A	11 Mil	110111	3 8	12	
		underlying couse	lost.	(c)	1/1/	MMI	vu I	r run	MIND			
	7	PART 2. OTHER SIGN	IFICANT (ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 16	10	
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1)	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	I I I I	TA A A	WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	ING CAUSES	OF DEATH	H?
of and	RTII	11 ME	ENIVERS F	7 216. TIME C	V(/WVI	vvu -	Tak Hawaisi IIIBX oc	YES NO			NO [
1		210. ACCIDENT WAS UND	_	110110 4	M. MONTH	DAY YEAR	A. HOW INJURY OC	CORRED (ENIERNATURE O	FINJORT IN HEM 18, PAR	RI I OR PARI 2		
	MEDICAL	(IF EITHER, NOTIFY MEDICA			M.	19	211 LOCATION					
9	MED	21d. INJURY OCCURR		21e. PLACE (AT HOME, STI		FFICE, FARM, ETC.]	STREET	CITY	ORTOWN	COUNTY	STA	ATE ·
		AT WORK AT WOR	RK —			11	17,-18	1-	14.18			
		220.1 certify that (1)		101 -1	e deceased t		ed that in (my) (our) ani	nion deoth occurred an			that (I) (w	
		obove, (I) (we) (d	lid) (did no	t) view the body	ofter deoth.	0.0	1	The second occurred dir	me date and noor	22c DATE		
	18	22b. SIGNATURE	>	This	01	1 Winto	BAR ATTENDIN	NG _ MEDICAL _	STAFF	1 . A	SIGNED	0
A		22d. PHYSICIAN'S NA	AME INVESTOR	VVVVV	1, 0	VIVIL	PHYSICIA 122e. ADDRESS	DIRECTOR P	HYSICIAN [1127	4-1	1
1		John P.			M.D.			kens Aven	ne ne			
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	23o. E	BURIAL, CREMATION,	REMOVAL		70		EMETERY OR CREMATO	CITY OR TOW		COUNTY	STA	-
	24 51	Burial UNERAL DIRECTOR		1-27-	-79	St. St	anistaus	Cem Balto	TRAR 256 PEGISTR		ryla	nd
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FOR

STATE

REGISTRAR

STATE OF MARYLAND	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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MARY MARTHA KOVAL JANUARY 30, 1979 1:10 Female White Oat 3, 1971 MARRED NEVER MARRED TO NEVER MARRED MOOKED TO NEVER MARRED MOOKED MAKE COUNTY OF BEATH MOOKED TO NEVER MARRED MOOKED MOOKED MAKE COUNTY OF BEATH MOOKED TO NEVER MARRED MOOKED MOOKED MAKE COUNTY OF BEATH MOOKED MOO					REO. NO.		-51
MARTHA KOVAL SALE OF BRITH SALE OF BRITHH SALE OF BRIT		MIDDLE	LAST	2e. DATE	OF DEATH MONTH	OAY YEAR	26 HOUR A
Female White Oct 3 1917 Oct	MARY	MARTHA	KOVAL	JA	NUARY 30.	1979	11:10
RETURNAL SIANLE CAUSE OF DEATH COUNTRY TO COUNTRY TO SATINGE COUNTRY TO COUNT	SEX	4 RACE	5 DATE OF BIRTH	6 AGE	IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
BALTIMORE CITY OR COUNTY OF DEATH	Female.	7.72			/3		HOURS MIN.
DUST NARRED DISTALL, NURSING HOME OR DIFFER INSTITUTION IN KIND OF BUSINESS OR DIFFER INSTITUTION ON THE SOURCE FOR AMERICAN OWN SERVICE						S DE DE ATH	1
EIVER TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION II. LEND OF BUSINESS OR NO. 12 (1975) III. LEND	COUNTRY		MARRIED NEVER M.	ARRIED L			V
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SUAL RESIDENCE (IP NOBLES TOWN IN STREET ADDRESS	GLEN BURNIE	NORTH ARUND	EL HOSPITAL				taurant
Maryland Arundel Severn vs NOE 7937 Stone Hearth Road	JSUAL RESIDENCE (IF NURSING HOME	OF OTHER INSTITUTION, GIVE RESIDENCE BEF		NAME OF THE OWNER.	CT ADDRESS		
FATHER S NAME REST MODIE LAST MI Chael KO SCO Anna Alglas		2 2				Honnell	Road
MICHAEL WAS DECEASED EVER IN U. S. ARMED IORCES? IN SOCIAL SECURITY NO. 210-03-5870 Henry Kisiel Funeral Home Pa. 11 CAUSE OF DEATH LETTER ONLY ON A COUNTY OF THE CO	FATHER'S NAME	11407 196491) Stolle	Hear Chi	noau
ENAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO. 210-03-5870 Henry Kisiel Funeral Home Pa. 210-03	FIRST	7.5	FI	RST	WIDDIE		
THE CAUSE OF DEATH LETTER ONLY ONE COURSE PER INDEX SOURCE OF PART I. DE ATH WAS CAUSED BY: WINDERT OF DEATH LETTER ONLY ONE COURSE PER INDEX I						Aigl	Las
RAUSE OF DEATH (Enter only one couse per line for 10, 10), and 10. RAUSE OF DEATH (Enter only one couse per line for 10, 10), and 10. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10]	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR OATES)					
PART I. DEATH WAS CAUSE DO Y IMMEDIATE CAUSE TO] DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION TO PRATE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 2 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 2 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 2 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 2 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH? YES DATE RECEIVED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERN TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERN TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTED TO THE	No	210-0	3-5870 Henr	y Kisiel	Funeral	Home	Pa.
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AND AND WHILE AT WORK COUNTY STATE 22a I certify that (I) (this hospital) attended the deceased from Sow the deceased alive on above, (I) (we) (did) (did of the deceased from physician) view the body after degith, 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE 22a PHYSICIAN'S NAME (TYPE OR PRINT) CHACKUMKAL V. CYRIAC, M.D. B. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE 22c DATE SIGNED 22c	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT RELATED TO	TO THE TERMINAL DISE	EASE OR CONDITION (GIVEN IN PART 1	INGS USED
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AND AND WHILE AT WORK COUNTY STATE 22a I certify that (I) (this hospital) attended the deceased from Sow the deceased alive on above, (I) (we) (did) (did of the deceased from physician) view the body after degith, 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE 22a PHYSICIAN'S NAME (TYPE OR PRINT) CHACKUMKAL V. CYRIAC, M.D. B. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE 22c DATE SIGNED 22c	ATIEN CALL			YES [
22a certify that () (this hospital) attended the deceased from 12-20-19. To 120 19.78 that () (we) las sow the deceased alive an above, () (we) (did) (did off) view the body after death. 22b SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYS	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH P.M.	DAY YEAR		R NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2]	
22a certify that (1) (this hospital) attended the deceased from 2 - 20 - 19 78 , to 4 20 / 19 29 , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did of) view the body after degith. 22b SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC	WHILE NOT WHILE AT WORK			4	CITY OR TOWN	COUNTY	STATE
224 PHYSICIAN'S NAME (TYPE OR PRINT) CHACKUMKAL V. CYRIAC, M.D. 127 ADDRESS NORTH ARUNDEL HOSPITAL, 301 HOSPITAL DRIVE, GIFN BURNIE, MARYLAND 21061 128 BURIAL, CREMATION, REMOVAL 23b. DATE 129 CHACKUMKAL V. CYRIAC, M.D. 129 ADDRESS NORTH ARUNDEL HOSPITAL, 301 HOSPITAL DRIVE, GIFN BURNIE, MARYLAND 21061 120 CHACKUMKAL V. CYRIAC, M.D. 121 ADDRESS NORTH ARUNDEL HOSPITAL, 301 HOSPITAL DRIVE, GIFN BURNIE, MARYLAND 21061 121 CHACKUMKAL V. CYRIAC, M.D. 122 ADDRESS NORTH ARUNDEL HOSPITAL, 301 HOSPITAL DRIVE, GIFN BURNIE, MARYLAND 21061 123 NAME OF CEMETERY OR CREMATORY STATE DEPLICATION SOMETSET CO. 124 PHYSICIAN'S NAME (TYPE OR PRINT) 125 DATE REC'D. BY REGISTRAR' 23b. REGISTRAR'S SUCNATURE 126 PHYSICIAN'S NAME (TYPE OR PRINT) 127 ADDRESS NORTH ARUNDEL HOSPITAL, 301 HOSPITAL DRIVE, GIFN BURNIE, MARYLAND 21061 128 DATE REC'D. BY REGISTRAR' 23b. REGISTRAR'S SUCNATURE 129 DATE REC'D. BY REGISTRAR'S SUCNATURE 120 DATE REC'D. BY REGISTRAR'S SUCNATURE 120 DATE REC'D. BY REGISTRAR'S SUCNATURE 121 DATE REC'D. BY REGISTRAR'S SUCNATURE 122 DATE REC'D. BY REGISTRAR'S SUCNATURE 123 DATE REC'D. BY REGISTRAR'S SUCNATURE 124 DATE REC'D. BY REGISTRAR'S SUCNATURE 125 DATE REC'D. BY REGISTRAR'S SUCNATURE 125 DATE REC'D. BY REGISTRAR'S SUCNATURE 126 DATE REC'D. BY REGISTRAR'S SUCNATURE 126 DATE REC'D. BY REGISTRAR'S SUCNATURE 127 DATE REC'D. BY REGISTRAR'S SUCNATURE 128 DATE REC'D. BY REGISTRAR'S SUCNATURE 129 DATE REC'D. BY REGISTRAR'S SUCNATURE 129 DATE REC'D. BY REGISTRAR'S SUCNATURE 120 DATE REC'D. BY REGISTRAR'S SUCNATURE 120 DATE REC'D. BY REGISTRAR'S SUCNATURE 125 DATE REC'D. BY REGISTRA	22a I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did-	1/30/19	DEGREE	TENDING MEDIC	AL STAFF		
Rem. Burial 2/2/79 St Johns. Somerset Co. Pa. State FUNRAL DIRECTOR Henry W. Jenkins. & Sons Co. 1250. Date REC'D. By REGISTRAR'S SIGNALURE 1750. Date REC'D. By REGISTRAR'S SIGNALURE	CHACKUMKAL	V. CYRIAC, M	.D. "NORTH DRIVE	ARUNDEL GLEN B	HOSPITAL		0SPITAL 21061
FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	(SPECIFY)	1 - 1 - 1				COUNTY	
FUNERAL DIRECTOR HONRY W. Jonkins, & Sons Co. 1250. Date REC'D. BY REGISTRAR'S SIGNATURE 1905 York Road Balto. Md. 21212		2/2/79	St Johns.			44	
1905 York Road Balto. Md. 21212 JAN 30 1979 Profry Milliany	4 FUNERAL DIRECTOR Henr	v W. Jenkins.	& Sons Co.	25e. DATE REC'D. F	SY REGISTRAR 256. REG	1 6 - 1	//- /
	4905 York Ro	ad Balto., M	d. 21212	JAN 3 0	1979	igney/Mill	ready

DHMH-16 20M (VRA 15, 4) 7/78

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IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical examiner

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may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00142

REGISTRAR 256. REGISTRAR'S SIGNATURE

					REG. NO			
	DECEASED NAME FIRST HARRY	AUGUST	KURTZ		JANUARY		1979	26 HOUR
3. S	MALE	4 RACE WHITE	MARCH 3		AGE (IN YEARS LAST BIRTH	DAY)	# UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEW	VER MARRIED	ANNE A	COUNT		MD
0.1	LINTHICUM	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 204 S. CAMP	ADDRESS)	de la companya della companya della companya de la companya della	2a USUAL OCCUPATION TYPE OF WORK FOR MOST OF CHEM. SAI	WORKING LI	12b. KIND (INDUSTRY)	
5 130	MARYLAND 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	UM 13d INSI	NO 🛣	30. STREET ADDRESS 204 S. CA	MP I	MEADE	ROAD
2		MIDDLE KURTZ		MATHILD	E MIDDLE		LANG	
	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	.2422 MR	RS. ANITA	ghter)ADDRES	NGS	Lau	erial I rel, Md.
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	7-7				/	2- 11.10
NO	gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A POUSSOUL	pene	MALON ATED TO THE TERMIN	AL DISEASE OR COND	ITION GIV	10 VEN IN PART 10	-15 Mr
TIFICATION	gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A BOUSEOU	DEATH BUT NOT REL	ATED TO THE TERMIN	AL DISEASE OR COND 20a. AUTOPSY? YES NO	20b. IF YE	VEN IN PART 10 S, WERE FINDI FYING CAUSES ES	NGS USED
ICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	OPERATION WAS PE	ATED TO THE TERMIN ERFORMED	20a AUTOPSY?	20b. IF YE IN CERTI	S, WERE FINDI FYING CAUSES ES	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PE	ATED TO THE TERMIN ERFORMED	200 AUTOPSY?	20b. IF YE IN CERTII YI IN ITEM 18,	S, WERE FINDI FYING CAUSES ES	NGS USED S OF DEATH?
/	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINES 22a.1 certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did in obove, (1) (we) (did)	DUE TO, OR AS A POUSSOUL (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P. M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) (attol) offended the decaded from	OPERATION WAS PER 19 211 LOC ST	ERFORMED W INJURY OCCURRED CATION TREET	200 AUTOPSY? YES NO O	20b. IF YE IN CERTII YI IN ITEM 18, I	S, WERE FINDI FYING CAUSES ES PART 1 OR PART 2 COUNTY 19 ur and from the	NGS USED S OF DEATH? NO STATE that (I) (we) lost couses stated
/	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19q DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK AT WORK Sow the deceased alive on the deceased alive on sow the deceased alive on the decease of the deceased alive on th	DUE TO, OR AS A PONSEOUR (c) 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERATURED OPERATION WAS PERATURED OPERATION WAS PERATURED OPERATURED OPERA	ERFORMED W INJURY OCCURRED CATION (my.) (our) opinion de ATTENDING	200 AUTOPSY? YES NO OF INJURY CITY OR TOWN	20b. IF YE IN CERT! Y!	S, WERE FINDI FYING CAUSES ES PART 1 OR PART 2 COUNTY 19 20c. DATE	NGS USED S OF DEATH? NO STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

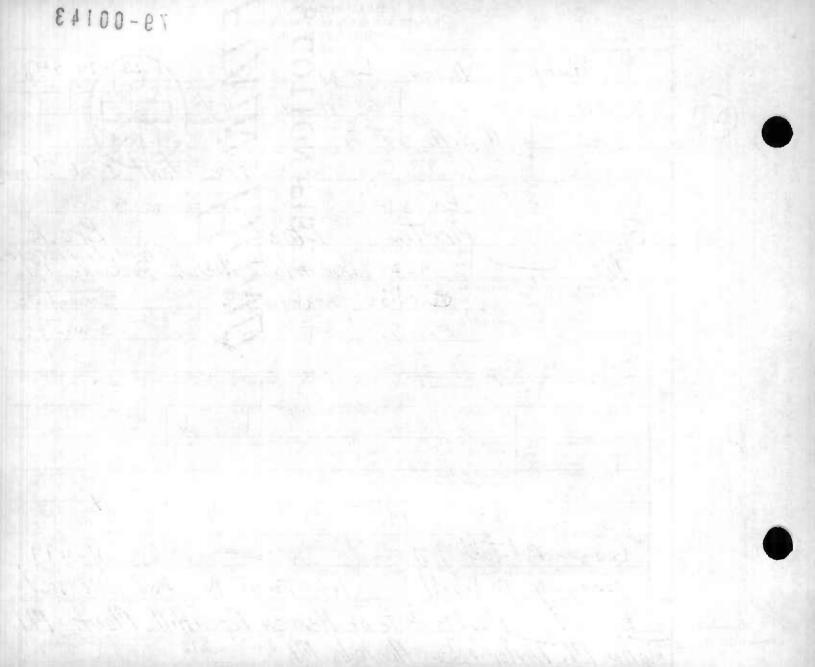
FUNERAL HOME

GLEN

BURNIE

SINGLETON

BP.



11100-67

35	1 -	FOR STATE REGISTRAR			(ERTIFI	ALTH AND MENTAL HYG CATE OF DEATH	REG. N	79-001	45
	(TYPE	OR PRINT) HELI		D.	4.	IND	HORST HORST	20 DATE OF DEATH	MONTH DAY YEA V 24 /1	26 HOUR 79 3:45 M
ge 4 meector, ector, as ofter	3. SE	Female	4 RACE	White	5	JUI	y 18, 1891°	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
deoth. Po	M	RTHPLACE ISTATE OR FOR ATTYLAND		ZEN OF WHAT	v	VIDOWE		9 BALTIMORE CITY C Anne Art	or county of DEAT undel	H
by the fu	A	ity or town of deat nnapolis	Ami	napolis	S Conval	esce	nt Center	(TYPE OF WORK FOR MOST C HOUSEWIL	ION DE WORKING LIFE) INDUS TE	ND OF BUSINESS OR
filled in rauld be	13a S M	at RESIDENCE (IF NURSIN aryland	G HOME OR OTHER IN		SITY OF JOWN Baltimor		13d. INSIDE CITY LIMITS? YES NO [13e Z821 ADDRESS	elawn Avenu	ıe .
mpletely and 2 sh	14 FA	Joseph	MIDDLE	7	Primble		15. MOTHER'S MAIDEN NA. FIRST	WE	Wien	ıkë
Poges 1		VAS DECEASED EVER IT VES, NO OR UNKNOWN)	U.S. ARMED FO	D. LECC.	SOCIAL SECURIT		Albert Lind	horst,Jr.		Hall Road
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STATE OF MARYLAND

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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	(YES, NO OR UNKNOWN)	(IF YES, GIVE V	/AR OR DATES)	217-24	-570	L Howard T.	March, Hu	sband		
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		22a I certify that (I) (l) ottended the	e deceased from		. 19	to		19	that (I) (we) last
		saw the deceased	d alive an_	2.19190	.19		d that in (my) (our) opinion				
		obove, (I) (we) (di 22b. SIGNATURE	d) (did nat)	view the body	after death.		DEGREE			22c DATE	SIGNED
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		22d. PHYSICIAN'S NA	ME (TYPE OR E	RINT	2000	The same	PHYSICIAN E	DIRECTOR PHYSIC		DITCH	1///8
1		CONSTAN			DUSSIS,	M.D	HIGHWAY, G	LEN BURNI	7300 E, MA	RYLAN	D 21061
90	23a. I	BURIAL, CREMATION, R	REMOVAL	23b. DATE	23c. N	IAME OF C	METERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
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		UNERAL DIRECTOR			ADDRESS		4 4 4	E REC'D. BY REGISTRAR	25b. REGISTI	RAR'S SIGNAT	TURE
	J	ames S.	Kirl	cley,	Glen Bu	rnie	, Md. JAI	V 1 2 1979	Tinto	w Beck	
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CONSTANTINE J. PARISSIS, N.D. APARTER, C. INTERST. E, REVIEWE 21061

Jenes . . Limitor, Mon Lumis, M.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAMECORNELius a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) Joseph OF ESTI-DEATH MATED 19 7 3. SEX 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 60 30 3 DEAD 7b. CITIZEN OF WHAT COUNTRY? TO. BIRTHPLACE (STATEOR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Pennsylvania U.S.A. WIDOWED DIVORCED II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS U.S. Army FOR MOST OF WORKING LIFE SUAL RESIDENCE (IF RSING HOME OR OTHER INSTITUT T30. STATE 16 Greenwood Ave. Glen Burnie 13d. INSIDE CITY LIMITS? Marvland Arundel NO X DIVISION OF WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hood Albert E. McMullin M. Mary 17. INFORMANT (Wife) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS Same As #13 (YES, NO, OR UNKNOWN) 186-07-8175 Mrs. Ann B. McMullin CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. AND PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES NO-P E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIS 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. II. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held on ond in my opinion DIRECT. deoth resulted from Homicide Undetermined monner TITLE (SPECIFY ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE SIGNATURE **EXAMINER'S NAME** (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Cremation 1/16/79 Security Process Inc. Catonsville Balti Md. BP. **DHMH - 17** (VR A15 ME (5)) Singleton Funeral Home, Glen Burnie, Md. 15M 7/77

STATE OF MARYLAND

emsylvania U.S. V. Thit are seen as .ave boowness of the survival to Ersenwood Ave.

Albert Condition First (mile)

Tes V.W. IY 186--7-8175 yes. Ann B. helestiin II

dramation 1/16/79 Security Frood, a D.C. cabonaville melbal Ma

M. Pinner at 1 Home, clas Curnie, Md.

STATE OF MARYLAND

4	1.	- STATE REGISTRAR			DEFARI			F DEATH	PIENE	REG. NO.	9-001	EST IZE HOUR A
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orked or	MED	WHILE NOT WHAT WORK AT WORK	ILE C	(AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOC STF	ATION	0	ITY OR TOWN	COUNTY	STATE
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MPORTA			B. KF		CK, M.D		22 20 E	N BURN	MORE-AL	NNAPOL	15 BOUL 21061	EVARD
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BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

REESE & SONS MORTUARY, Annapolis, Md.

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executed within 24 hours after

	STATE OF MARYL
ND .	DED A DESIGNATION OF HEALTH AND

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 7 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the haspital ar attending physician.

73-00152 NO PROPERTY 30 1010 F 5 W Charles I the First British Sales Harris British House LECT CHARLES THE CANADA Although the Ag Although Lead 137 & Children 国国 自由 网络加克斯克斯克 医毒类形式 2002天主义 4000 第四岁 7年 Mary Mary Charge Hall Hall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) WaR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4. RACE 5 DATE OF BIRTH DAYS MIN auc 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 136 COUNT Filled Sold b tely 2 sh 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL pope 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY Mynel IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF > cherrer Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION prior 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? be NO YES T Mental Hygi 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR al-tre OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR saw the deceased alive an-_ and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death Id be detached the State Dept. DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [+ MPORTANT: 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) CHUAPH 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE BP. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 250 DATE REC'D. DHMH - 16 50M 7/77 (VRA 15 (4))

79-00153 Shows and the Charles of the Control of the Control

79-00154 Sand Sand Same chia a Misselle !! Just Courses - Louisi Haloreto - Hastelland

MPORTANT: If them 21 is marked at them 1B shaws any injury, at other traumatic event, the medical examiner must be racified as once

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00155

		REGISTRAR		CERTIF	ICAIL OF DE	AIII	REG. NO),		
		CEASED NAME FIRST OR PRINT)	AS RoseR	Mo	RAN -	JR	20 DATE OF DEATH	NONTH DA	1979	26 HOUR
	3. SEX		1 RACE	5. DATE C		YEAR 6	AGE (IN YEARS LAST BIRTH		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
		MALE	White	/	22	24	54	YRS.		
30		RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIEI	NEVER MA	ARRIED	BALTIMORE CITY O	COUNTY	OF DEATH	
6		Maryland	U.S.A.	WIDOWE	DIO DIVO	ORCED 🔲	Anne			MD.
1	10. CI1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		R OTHER INSTIT	NOITUI	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON WORKING LIFE	12b. KIND O INDUSTRY	F BUSINESS OR
5		nnapolis	Anne Arundel		Hospi	tal	Foreman		Truck	Co.
E	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR OF TATE 13b. COUN'	TY 13c. CITY OR TO		13d INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS 131 Vall	ey Vi	ew Av	е.
2	14 FA		AIDDLE LAST			RST	E	Me	LAS	
A.C.	160 W	Thomas Roger	Moran Sr.	URITY NO	May 17. INFORMAN		ADDRE		ntgom	ery
1	(Y		WAR OR DATES)				Moran sa	me as		
		18 CAUSE OF DEATH (Enter onl	ly one couse per line for (o), (b), o	ind ici		10	- AC - 3 - 3-	1,500	BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (o)	CA-R	CINOMA	7051)			for	HANTUS-
		1629	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	UENGE OF	CONIC	CAD	Culana		u /	10/11/
		Conditions, if any, which	(1b) BR	OVCIDO	GONIC	CAR	CIUUITA			
N		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	UENCE OF					3.5	
Н			((c)	DE ATH BUT	NOT DELATED I	O THE TERMIN	IAL DISEASE OR CONI	NTION CIVE	NUMBER OF THE	
	N O	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT KELATED I	O THE TERMI	AAL DISEASE OR COINE	JIIION GIVE	A IN IN I AICH TH	
ク	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		WERE FINDING CAUSES	
7 ²	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJUR			
9		OR CONTRIBUTING CAUSE OF DEA!	IH .	DAY YEAR	Light Color					
1	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY		21f. LOCATIO	N	617.00.70		COUNTY	CYARE
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET	71	CITY OR TOW	10	-7(°)	STATE
			tal) attended the deceased from	[7]	44	. 19 /3	_, toJAN	14	9	tha (I) (we) last
		sow the deceased alive on above (1) we) (did) (did not	JAN 9 19	19,0	nd that in my	our) opinion d	eath accurred on the do	ate and hour	and from the	couses stated
		22b. SIGNATURE	711 Marile Body State Geometry		DEGREE		/	772-	22c DATE	SIGNED
			Inn donas	na	MID AT	TENDING HYSICIAN	MEDICAL STAN	IAN 🗌	MAL	12197
1		22d. PHYSICIAN'S NAME (TYPE OR	MWGOOD	MAN	220. ADDRESS	LFOR	7B65 57	An	INAPOL	uMn
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	(Burial	1-16-79 M	ld. Ve	terans		Chelten		P.G.	Md.
	24. FU	UNERAL DIRECTOR	ADDRESS			250. PATE	REE D BY TO TRAR	25h, REGISTI	RAP'S SKSBIA	MARENLY
	F	Huntt Funeral	Home Waldo	rf, Ma	ryland			1		il

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Huntt Funeral Home

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STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR EST LAST 2ª DATE OF DEATH DECEASED NAME 26 HOUR (TYPE OR PRINT) MARION (Hathaway) (Starr) January 6, 1979 MURPHY 10:55 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS MONTHS DAYS July 20 1909 HOURS female white 69 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? Mass. MARRIED NEVER MARRIED USA Anne Arundel County WIDOWEDXX DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12 BEAR OF SUS BESSOR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) accountant (ret) Company North Arundel Hospital Glen Burnie USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mass. Middlesex 13d. INSIDE CITY LIMITS? 18 Park Street Peppere11 YES XX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ANIDDLE Hathaway Edith unknown Ernest ADDRESS same as 13 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 028/05/6809 (IF YES, GIVE WAR OR DATES) Mr. Ernest H. Murphy (son) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Octobolal IN faul IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK

211. LOCATION CITY OR TOWN COUNTY

NOF

and that in (my) (aut) epinion death occurred on the date and hour and from the causes stated

above, (1) (werrdid) raid not yew the body after death 225. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22a. | certify that (1) (this haspital) attended the deceased from

saw the deceased alive an

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

206 IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

NO [

Middleses Mas

STATE

23g. BURIAL, CREMATION, REMOVAL 23b. DATE Jan. 10. 1979 Woodlawn Cem.

Pepperell. 25a. DATE REC'D. BY REGISTRAR 25b. REA

Singleton Funeral Home, Glen Burnie, MD JAN 8

DHMH - 16 50M 7/77 (VR A 15 (4))

FUNERAL I MPORTANT 0 % Burial BP

	l	FOR - STATE REGISTRAR				TMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		7 9		158	EST
m X		ECEASED NAME PE OR PRINT)	FIRST		OOLE N		AST	2	DATE OF DEATH		AY YEAR	26. HOUR A.
O Good	3. S	EV	PETER	RACE	NMN)	5. DATE C	USICO		JANUARY AGE (IN YEARS LAST BI		979	4:00 M
urs ofter dee	L	Male		Whit		oct.		AR	67	YRS.	ONTHS OAYS	HOURS MIN
in 72 hou	70	BIRTHPLACE (STATE OR E COUNTRY), Ohio	OREIGN 76	USA		77 18	NEVER MARRIE	D [ANNE ARI			Y MD.
by the fulled with notified	1 2	LEN BURN			SPITAL, NURS	ET ADDRESS)	SPITAL)N 12	PIPETI	ION PF WORKING LIFE CLET	126 KIND O	R.R.
filled in sould be f	130	JAL RESIDENCE (# NUR STATE aryland	136 COUNTY	į.	VE RESIDENCE BEFO 3c. CITY OR TO Seve	WN	134 INSIDE CITY LIM YES NOX		STREET ADDRESS	edar 1	Drive	
completely 1 and 2 sh	214	FATHER'S NAME FIRST	UNKN		LAST		15. MOTHER'S MAIDI FIRST	EN NAME	UNKNO		LAS	ŞT.
Poges Poges	160	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	(IF YES, GNE W.	AR OR OATES)	32.10		Mrs. Ma	deli	ne E. M	341	ne as (wif	
signed by the ottending physicio Then please remove corbon popers to buriol, cremotion, or removal njury, or other troumatic event, the	NO	Conditions, if ony gove rise to im couse (0), stati underlying cause	mediote ng the e lost.	DUE TO, OR A (b) DUE TO, OR A	AS A CONSEO	UENCE OF	NOT RELATED TO THE	E TERMIN	AL DISEASE OR COI	ADITION GIVE	EN IN PART)	
hysician icote hos beer ronsit permit Hygiene prior 18 shows ony ii	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDITI	on for whic	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	, WERE FINDIN	
ng physic certificate rrial-transi ental Hyg frem 18 sh	/	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH	216. TIME OF HOUR A.M. P.M.	MONTH	DAY YEAR	21c HOW INJURY O	OCCURRED	JENTER NATURE OF INJ	JRY IN ITEM 18, PA	ART I OR PART 2)	
ottendin ter this c is the bur ond Me	MEDICAL	21d INJURY OCCUR	HILE [7]	21e PLACE OF (AT HOME, STREE	F INJURY T. FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
CTOR: Affor use of Meoltl		220.1 certify that (1 saw the decease	ed olive on_) attended the	25 19	10	d that in (my) (our) of	pinion dec	th occurred on the	lote and hour		that (I) (we) lost causes stated
y the hos RAL DIREC detoched frote Dept NT: If them		226 SIGNATURE	a	O.I.	Sde	45	DEGREE ATTEND PHYSIC	IAN []	MEDICAL STA	CIAN		29-75
retoined by TO FUNERA should be di with the Stol		JACK	. STEF	RN, M.I			300 HOS	SPIT	AL DRIVE	AND 2	TE 13	5
BP		BURIAL, CREMATION (SPECIFY) Crematic		236. DATE 1/29/7			ty Proce	TORY	23d LOCATION CITY OR TOWN Baltim	ore	COUNTY	Maryland
DHMH-16 20M (VRA 15, 4) 7/78		FUNERAL DIRECTOR	HOC Funer	al Hom		n Burr	nie, Md.	JAN :	C'D. BY REGISTRAL	256. RESST	AR'S SIGNAL	resoly

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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79	- 0	UI	24	

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.			ES.	Γ
	CEASED NAME	FIRST	AA	IDDLE		AST		20. DATE OF	DEATH MON	VIH	DAY YEAR	2b. HO	UR P.
(111	CONFRINT	MORGAN		Eugen	e MY	ERS		Januar	ry 7, 1	.979		3:00	M
3. SE	X	4.1	RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTHDA		IF UNDER 1 YEA		
7	Male		Whi	.te	Oct		, 1919	59		YRS.	MONTHS DAY	HOURS	MIN
	IRTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	» [] NEVE	R MARRIED	9. BALTIMO	RE CITY OR C	OUNT	OF DEATH		
	aryland		U.S.A		WIDOWE	_	DIVORCED [Anne	Arunde	1 C	ounty		MD.
10 C	ITY OR TOWN OF DI	EAȚH Î1.		OSPITAL, NURSIN		OR OTHER IN	ISTITUTION		OCCUPATION FOR MOST OF WO			OF BUSIN	ESS OR
(Glen Burni	e		Arundel		ital		Spoo	1 Cle	ane		mtec	h.
USU 13a	AL RESIDENCE (IF NU	RSING HOME OR OTH		GIVE RESIDENCE BEFORE		1 134 INSIDE	CITY LIMITS?	13e STREET	ADDRESS			-	
Ma	ryland					YES 🗌	NO 🔀	7905	Clark	k S	tatio	n Ro	ad
	ATHER'S NAME	MIDD		LAST		15 MOTHE	R'S MAIDEN NA		MIDDLE		N		
	Eugene	MIDE	/LE	Myers		7	Annie		WIDDIE .	(Griff	ith	
	WAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORA			ADDRESS		me as		3
(YES, NO OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	213-16-	3071	Mr	James	M D	odaox				9
-		THE COLUMN	A			1 111	Danies	111 4	ougera	2 ()		DXIMATE INTE	RVAL
	PART I. DEATH	WAS CAUSED B	Y:	1/2/01	11	me	2				BETWEE	N ONSET AND	DEATH
	and the same	IMMEDIATE C		1000	1	<u> </u>	1)						
	0/15		DUE TO, OR	MACONSEQUE	NCE OF	. 01	Ves				100		
	Conditions, if on		(b)	Cuca	My V	C 04/	- 000						
	cause (a), state	ing the	DUE TO, OR	AS A CONSEQUE	ENCE OF	- //							
	underlying cau	se 1051.	(c)			U							
7	PART 2. OTHER SIG	GNIFICANT CON	IDITIONS <u>CO</u>	NTRIBUTING TO I	DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEAS	E OR CONDITI	ON GIV	EN IN PART	l(a)	
CERTIFICATION											111		
CA	19a DATE OF OPER	ATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTO			S, WERE FINE YING CAUS		
RTIF	- 1111							YES 🗌	NO	YE	s 🗌	NO [
	210. ACCIDENT WAS U		216. TIME OF	A. MONTH D	AY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN	ITEM 18, F	PART 1 OR PART 2		
AL	OR CONTRIBUTING (IF EITHER, NOTIFY MED	4	P.A	-	19	THE PARTY							
MEDICAL	214 INJURY OCCU	RRED	21e PLACE C			211 LOCA			CITY OR TOWN		COUNTY		
¥	WHILE NOT	WHILE	(AI HOME, STRE	EET, FACTORY, OFFICE, F	ARM, ETC.]	SIRE			CITORIOWIN		COUNT		TATE
	220.1 certify that (l) (this hospital)	ottended the	deceased from_		-	, 19	, to			19	, that (I)	(we) fost
	sow the deces	sed alive on (did) (did nat) vi	- Ab- b1	19	. 0	nd that in (m	y) (our) opinion	death occurre	d on the dote				
	22b. SIGNATURE		ew the bady o	atter death.	6.51	DEGREE					22c. DA	TE SIGNED	

should be detached for use as with the State Dept. of Health FUNERAL DIRECTOR: BP.

(VR A 15 (4))

MPORTANT: If Item 21 is

mpletely filled in by the ond 2 should be filed

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria1 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77

MARK A. KAPLAN, MD

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

MEDICAL STAFF
DIRECTOR PHYSICIAN

325 Hospital Drive #201 Glen Burnie, Maryland, 21061

ATTENDING

22e. ADDRESS

COUNTY

STATE Md

GLEN BURNIE, MI SINGLETON

Griffith Family Cem. Severn A.A.

250. DATE REC D. BY REGISTRAR 25B. REGISTRAR'S SIGNATURE

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The second		
E working Distribute	2011-11-100-11-1151 Ave	

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00160

		REGISTRAR				CERTIF	CATE OF D	EATH	REG.	NO.			
		CEASED NAME	FIRST	A	AIDDLE	L.	AŠT	80 (18) Y	20. DATE OF DEATH		DAY YEAR	26 HOUREST	
	(TYPE	OR PRINT)	MARGA	RET E	LIZABETH	NE NE	LSON		JANUARY	30	1979	1005A M	
	3 SEX	X		4 RACE		5. DATE C			6. AGE (IN YEARS LAST I	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
		emale	MC19		ite	9 9		.915	63	YRS.	MONTHS DAYS	HOURS MIN	
11	7a. BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER A	APPIED []	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
10		rth Caro	lina	U.5	5.A.	WIDOWE		ORCED	ANNE ARU	NDEL C	COUNTY	MD.	
11		TY OR TOWN OF DE			HOSPITAL, NURS		R OTHER INST	ITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS			F BUSINESS OR	
17		LEN BURNI			H ARUNDE		ITAL		Real Es	tate i	Agent		
100	USUA 13a S	AL RESIDENCE (IF NU	RSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFO		13d. INSIDE C	TY HANTS?	13e STREET ADDRES				
25	Ma	aryland		timore			YES 🗍	NO X	7921 Ka		h Road		
1		THER'S NAME		WIDDLE	LAST			MAIDEN NAM	ΛE	1			
30	Go	orman		E.	Morg	an	Mar	rirst V	MIDDLE		Mau	ltsby	
6	16a V	VAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC		17. INFORMA		7913 AP	SEN P			
1	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 240-10-3876 Barbara Streckfus, Glen Bu												
	IAC		711 5				Darbe	La De.	reckrub,	Gren		AN GILDEATH	
		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	ly ane cause per D BY:	line far (a), (b), a	Par	tera	Arrest	<u>fun</u>		BETWEE	LINE DIELDEATH	
	-	11	IMMEDIAT	TE CAUSE (a)		respin.	1017	27707					
		1629	1	DUE TO, OF	R AS A CONSEQ		1 1	1	A				
		Canditians, if an		(b)	(21.	ebral	meta	stade	2				
23		gave rise ta in cause (a), stat		DUE TO OF	R AS A CONSEQ	UENCE OF							
		underlying caus	se last	(6)		ung	cano	er					
		PART 2. OTHER SIC	ONIFICANT (ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CO	NDITION GI	VEN IN PART 1	3	
	NO												
0	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDI	196 CONDITION FOR WHICH OPERATION WAS PERF			RMED	20a AUTOPSY?	20b. IF YE	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
7	IFIC	0		A 150					YES TO NOT		FYING CAUSES ES 🎮	OF DEATH?	
10	ERT	21a. ACCIDENT WAS U	NDERLYING [21b. TIME O	FINJURY		21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN				
9		OR CONTRIBUTING		KIN .	M. MONTH		S 100						
/	EDICAL	(IF EITHER, NOTIFY MED 21d. INJURY OCCU	-	P./		19	21f. LOCATIO	NI.					
	MEC		WHILE [7]	21e PLACE ((AT HOME, STR	EET, FACTORY, OFFICE	, FARM, ETC.)	STREET		CITY OR 1	OWN	COUNTY	STATE	
		AT WORK AT W	ORK -				767	- 10		2	20	not be to the	
		220.1 certify that (The Are	29	, 19	to Jan_	-		that (I) (we) last	
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		226. SIGNATURE	12		1, ,		DEGREE		/	and a	22c. DATE	SIGNED	
		/	//1111	1)/	looke		M) A	TTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN	11/3	0/79	
	9	22d. PHYSICIAN SNAME (TYPE OR PRINT)					122 ADDRESS						
	53	PAUL S.	RHODES	. M.D.			1667 C	ROFTON	CENTER, CH	OFTON,	MARYLA	ND 21114	
	23a. B	BURIAL, CREMATION			230	NAME OF C	EMETERY OR C		23d LOCATION				
	(Buria		2/2/	779 H	011v	Hill N	1em	Baltim	ore	COUNTY	aryland	
	24. FU	JNERAL DIRECTOR				<u> </u>	*****		REC'D. BY REGISTRA			- Au	
						MID	21222	, FEB	2 1979	P	trustel	200mles	
		7922 Wis	e Ave	enue, L	Jundalk	, MD	2122		1013	1	74/1/00	-	

DHMH - 16 50M 7/77 (VR A 15 (4))

CASE CASE OF CHIRAL CORE H, HUMBER CHE

		1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	UUIOI				
	Ī	DEC	EASED NAME FIRST	MIDGLE	(AST	20. DATE OF DEATH		26 HOURE			
		Į III E (LOUISE		N	EWELL	JANUARY 3,	1979	3:48 1			
	3	. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 74 HR			
			Famale	Cau	Jan	11 1914	64	YRS MONTHS DAYS	HOURS MIN			
2	7		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? B	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH				
153	A		Md.	USA	WIDOWE	D DIVORCED	ANNE AR	UNDEL COUNTY				
Sified.	4		OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR NORTH ARUND)	EET ADDRESS)		12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		F BUSINESS (
5		JSUA 3a S	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEI		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	limetri izvetini				
Smine must	4		Md. Anna	Arundel Pasedo		YES NO A	184 Meadow	Rd. 2112	2			
Comine	2/	4 FA	THER'S NAME FIRST	MIDDLE Viau		15 MOTHER'S MAIDEN NAME FIRST	WE MIDDLE	Viau	ST			
0	1		AS DECEASED EVER IN U.S. AL		CURITY NO.	17 INFORMANT	ADDRE	SS				
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c event, the				nly ane cause per line for (à), (b), ED BY. TE CAUSE (a)	and ic.	a filer	e Galer	APPROX BETWEEN	MATE INTERVAL ONSET AND DEAT			
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r to bu		NO	C	CONDITIONS CONTRIBUTING T								
shaws an	7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSÝ?	20b IF YES, WERE FINDS IN CERTIFYING CAUSES YES				
tem 18 sh		_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)				
morked ar		MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NN COUNTY	STATE			
21 із то			saw the deceased alive of	ital) attended the deceased from	7/11	nd that in (my) (aur) apinian	death accurred an the d	ate and haur and fram the	that (I) (we) I			
T; If Hem			above. (I) (we) (did) (did) notiview the body after death. 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
TAN			22d. PHYSICIAN'S NAME (TYPE	OR PRINT)				WAY, S., #10	02			
with the State D			ANASTACIO	E. SUBONG, M.D.		GLEN	BURNIE, MA	RYLAND 210	51			
3 \$	7	30. B	URIAL, CREMATION, REMOVAL PECIFY) Burial			emetery or crematory ew Cem.	23d LOCATION CITY OR TOWN Raltimore	Baito Mc	.21228			
7/77	7	4 FU	NERAL DIRECTOR NAME RAITE H. NEWEL				E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	TURE			

79-00161 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUREST

3:48 PM

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00163 CERTIFICATE OF DEATH **DECEASED-NAME** 20. DATE OF DEATH Lost 2b. HOUR (Type or print) Month 17 Day 1 . SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED LO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY. BALTIMORE, MARYLAND 2120 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e_STREET AND odmission) STATE 13b. COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (Yes, no, of unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) tb), and (c).) BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY: W. PRESTON STREET, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 301 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TX YES 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notity medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this_haspital) attended the deceased fram_ . 19.6.3, ta. 2, 19 75, that (1) (we) last saw the deceosed alive on.... 19 25, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Murray Avenue, Annapolis, Md. 21401 NAME (Type) Ricahrd I. Hochman, M.D. BURIAL, CREMATION, 23d. LOCATION (City or Tawn) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE (VR A15 (4)

ALGEO.

Machine I. hocken, A.D. . It harrow toward, har olis, Md. 25 Cl

nding physician and campletely filled in by the funeral discribanpapers. Pages 1 and 2 shauld be filed within 72 hai

certificate has been signed by the attending physician and

injury, or other traumotic event, th

d Mental Hygiene prior to burial, cremation, or

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to buiMPORTANT: If them 21 is marked or them 18 shows any injury.

TO FUNERAL DIRECTOR After

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

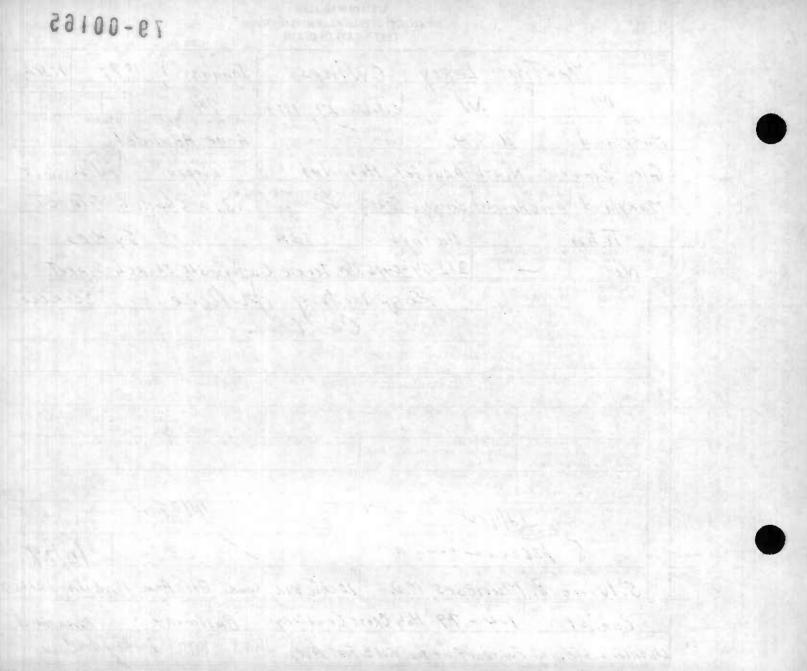
JOSEPHINE E. OWENS JANUARY 11, 1979 8 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR #10	HOUR 3 3 0 A M STORE 74 HRS MIN. MD. AD. JSINESS OR									
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136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS Md. A.A. Brooklyn Pk. YES NO 918 First St.										
R. Wade First Middle LAST										
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1YES, NO OR UNKNOWN) 1 I E YES, GIVE WAR OR DATES)										
Dorothy Villa, 918 First St.										
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
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obove, (I) (we) (did) (did not) view the body ofter death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c. DATE SIGNED									
27d PHYSICIAN'S NAME (TYPE OF RING) ARK, A. KAPLAN, M.D. 325 HOSPITAL DRIVE, GLEN BURN)	61 E,MD.									
Burial 1/15,79 Glen Haven Mem Pk. Glen Burnie A.A.Co.										

DHMH-16 20M (VRA 15, 4) 7/7B

George J. (

Gonce, 4001 Ritchie Hg., Baltimore AN 17 1979 Fifty helredy

STATE OF MARYLAND



				STATE OF MARTLAND		
	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. 7.9 -	00167
3	1. DEC	CEASED NAME ()	Am 5.	PARKS	28. DATE OF PEATH MONTH	DAY YEAR 26 HOUR
	3. SE	MALE	4. RACE WHITE	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
ot one	7a. BI	OVA SCOTIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED W NEVER MARRIED WIDOWED DIVORCED	ANNE A	RUNDEL MD.
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Amust be	USU/ 13a S	AL RESIDENCE UF NURSING HOMEOR TATE 136 COUN	110 00000000	POLI 3 13d. INSIDE CITY LIMITS? YES NO	0 11011	18 ST.
Comine	1	ANIEL	ADDLE PARKS	15 MOTHER'S MAIDEN NA/	PRISCELLA	CORPUN
medicol		VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECTION OF 12	29204 MIRIA	4 HARA	15 # 13
npopers movol. vent, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE) IMMEDIAT		cenoma of	lung	approximate interval BETWEEN ONSET AND DEATH 2 month
ion, or re		Conditions, if ony, which	DUE TO, OF AN A CONSEQU	ence of tatie Co	~ 40/	1 mon th
ol, cremot		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	edias din	em & vepasi	Lung
injury, o	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES NO NO NO CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2)
ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Health		220 1 certify that (1) (this books sow the deceased alive an above, (1) (would d) (did no			, to	, 19.25 , that (I) (w) last cour and from the couses stated
ote Dept T: If Item		22b. STONATURE	M. Brisa	DEGREE Sen M D ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1-31-79
with the Sto		GARY M. R	CHARDSON	1/3 RIDGE	24 Av. Ava	UAPOUS MD.
€ 3 <u>₹</u>	230	SURIAL, CREMATION, REMOVAL,	123b. DATE 1-31-79 23E	NAME OF CEMETERY OR CREMATORY	23d LOCATION E PRENT WO	DOUNTG. MATED
A 1/76	24/	HA M. TAYLO	R Sous An	warous MD	E REC'D. WREGISTRAR USB. REG	ISTRAR'S STOWATORE

1	FOR - STATE REGISTRAR	DEPARTMENT ('ATE OF MARYLAND OF HEALTH AND MENTAL HYO TIFICATE OF DEATH		0168
	ECEASED NAME BREN	IDA M. P	ASS	REG. NO. 20. DATE OF DEATH MONTH DAY JANUARY 28	5, 1979 3:30 An
3.5	FEMALE	C NIACACAA II	TE OF BIRTH ONTH ONTH DAY 1942	. 36 yrs MO	UNDER I YEAR IF UNDER 24 MRS. NTHS DAYS HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		RRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O	OF DEATH
	ennsylvania		OWED DIVORCED	Anne Arundel	MC
illed &	SUNAPOLIS		ENERAL HOSP.	(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	12b KIND OF BUSINESS OR INDUSTRY
130 mg	ARY LAND AND	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS DUNTY 130 CITY OR TOWN UE ARWALL OPEN TON	YES NO	130 STREET ADDRESS E RIDG	F LANE
.=	FATHER'S NAME FIRST LEWIS	MIDDLE	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
602		Shazer ARMED FORCES? 1166 SOCIAL SECURITY N	Audrey O. 17 INFORMANT	ADDRESS	Harshman
medic	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 206-32-84	Elmer V. F		
event, the	PART I. DEATH WAS CAL	only one cause per line far (a), (b), and (c) USED BY: DIATE CAUSE (a) BRAW ABS C	ESS WITH MIDER	AIN HERNIATION	BETWEEN ONSET AND DEATH
	7100				
other troumatic	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(6)	tipns ERYTHE		
ony injury, or		NT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	N IN PART 1(a)
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- 1013	OD CONTRIBUTION CAUSE OF	FDEATH HOUR A.M. MONTH DAY Y		RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	IT 1 OR PART 2)
morked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of He	sow the deceased alive	ospital) attended the deceased from DEC on JAMAR 2 19 9	ond that in (my) (and opinion	death occurred on the date and hour	and from the couses stated
ched Dept.	22b. SIGNATURE	BOLLO N ME	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1 28 79
the State D	Hams M	1 DENT T			
Z Z	James M 226. AHYSICIAN'S NAME (IV JAMES M	PEOR PRINTIL PEOR PRINTIL PE	2510 RIVA	ROAD, ANNAPOL	-U, M.
with the State MPORTANT:	22d. AHYSICIAN'S NAME (TY JAMES M BURIAL, CREMATION, REMOV (SPECIEL BURIAL)	1. (3 LAKE, JR. VAL 236. DATE 23c. NAME	226 ADDRESS 2510 RIVA OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	STATE Ward Md.

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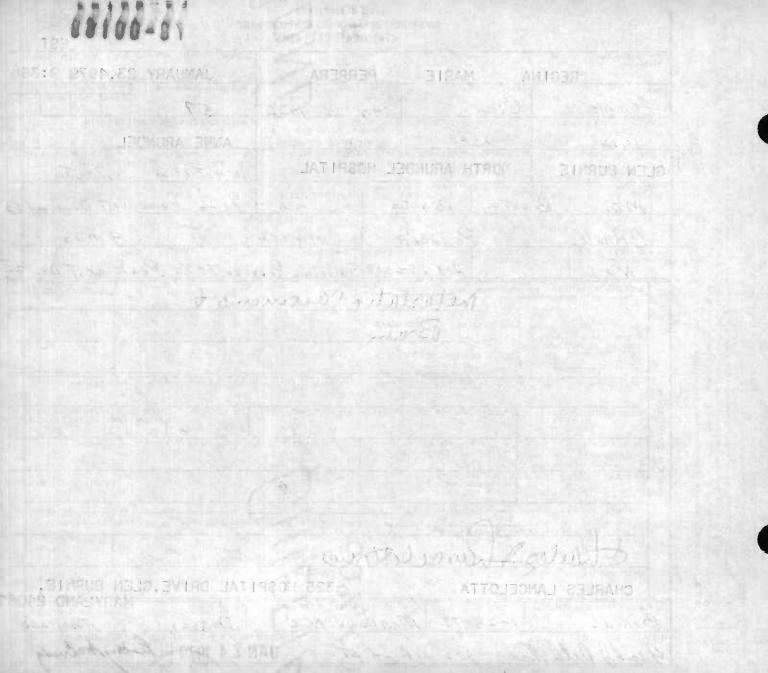
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		FOR		DEPARTA		E OF MARYLAND	AL HYGIE	NE 79-	W. A.	111		
	1 -	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	00/	169 REG. NO	1-00	100	EST	
		CEASED NAME FIRST		MIDDLE	L	AST	2		MONTH DAY		26 HOUR	
	(REGIN	Α	MARIE	PE	ERRERA		JANUA	ARY 23	,1979	9:36₺	
	3. SE	X	4 RACE		5. DATE C			, AGE (IN YEARS LAST BIRT	HDAY) IF (IF UNDER 24 HRS HOURS MIN	
ā	1	remale	CAU.		JAN	1 5 19:	22	57	YRS		THE PARTY OF THE P	
2		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIE	D 0 '	BALTIMORE CITY O	R COUNTY OF	DEATH		
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4		EN BURNIE	NORT			OSPITAL	2	20 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	WORKING LIFE)	176 KIND OF INDUSTRY Pes	BUSINESS OR	
12	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 130 COUN	ITY	13c. CITY OR TOW	N	13d INSIDE CITY LIM		Se. STREET ADDRESS				
1	14 54		ALTO,	BALT	10	YES NO			ANK WE	ST Da	ve BOTT-	3
21	14 FA	ATHER'S NAME	AIDDLE	LAST		15. MOTHER'S MAID		MIDDLE	Section 1	LAST		
14	16n \	VAS DECEASED EVER IN U.S. AR	MED EODCESS	16b SOCIAL SECU		17 INFORMANT	THI	ADDRE	- /	nos)	
3	(100. (1	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	218-27	1 CER	Cai -	0	763/	0	111	- 0 - 20	T
		NO		010.00	6330	SALVATORE	TEAR	ern 1026	PARK	APPROXIM	DR . T.	3
į		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	BY: E CAUSE (a)	Nel W	inti	r care	mo	ma t		BETWEEN OF	NSET AND DEATH	
8		1991	DUE TO, O	R AS A CONSOUR	NCE OF							
H		Conditions, if ony, which gove rise to immediate	(b)	134	My							
		couse (0), stating the underlying couse last	DUE TO, O	R AS A CONSEQUE	NCE OF							
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	CERTIFICATION	NO.							Justine.			
2	ICA	190 DATE OF OPERATION	196 COND	TION FOR WHICH	ON WAS PERFORMED		200 AUTOPSY?	20b. 1F YES, W	ERE FINDING	GS USED OF DEATH?		
	RTIF							YES NO	YES [NO 🗌	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH 216. TIME O HOUR A. P.	M. MONTH DA	YEAR	771C HOW INJURY O	CCURRE	O (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE			21f. LOCATION		CITY OR TOW	2	COUNTY	STATE	
4	×	WHILE AT WORK AT WORK	(AT NOME, ST	EET, FACTORT, OFFICE, F	ARM, ETC.)						SIAIC	
		22a.1 certify that (I) (this hospit		e deceased from_		, 19		_, to	. 19_	, th	not (I) (we) los1	
	23	saw the deceased alive an above, (1) we) (did) (did no	view the body	after death.	, an	nd that in (my) (our) o	pinion dec	oth occurred on the do	te and hour or	id from the co	ouses stated	
A	19	22b. SIGNATURE	1	2. 2.0	10	DEGREE	ING _	MEDICAL STAF		22c. DATE S	IGNED	
-		22d. PHYSICIAN'S NAME (TYPE O	PRINT	Ju Ce x	-UNY	22e. ADDRESS	IAN []	DIRECTOR PHYSIC	IAN []			
			CELOTI	Α		the same of the sa	OSPI	TAL DRIV	E, GLEN	BURN		
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23€. №	IAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION		RYLAN	10 2106 STATE	1
	_	Durink	1-25	-79 M	PenDo	owr. Dec		DORSEY	- 44	m	RILAND	
	24 FL	UNERAL DIRECTOR NAME LOND NO. DILLE NO.	re	322 S. A	LISH	57	JAN	REC'D. BY REGISTRAR 1 2 4 1979	25b. RECOTRAF	R'S SIGNATU	ready	
		4										

DHMH-16 50M 7/77 (VR A 15 (4))



MARYLAND STATE DEPARTMENT OF HEALTH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Year 2b. HOUR (Type ar Print) ESTI DEATH MATED 1979 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 8-17-17 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH A. A.COUNT DIVORCED | WIDOWED [10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital please execute the certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office along with form USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR 13d INSIDE CITY odmission) STATE 13b. COUNT YES [14. FATHER'S NAME First puo 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (Yes, no grunknown) e used as a burial-transit permit. File pag in any event within 72 hours after death. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a). PETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. nonaru IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Conditions, If ony, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? should be used YES 🗍 NO I 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. ond CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. removal, City or Town County State ony deloy is necessory, uneral director. Page 4 factory, office building, etc.) NOT WHILE AT WORK ___ AT WORK Poge . 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection ____ Inquiry 1 and in my apinian -0 DIRECTOR: death resulted from: Natural causes Accident . Suicide Undetermined monner Homicide cremotion, CHIEF MEDICAL EXAMINER be retoined for your TO FUNERAL DIREC ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, ar caunty) prior to LOCATION (City or Town) 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 8M-1/70



O THE RESERVE OF THE PARTY OF T

LINE U

24 FUNERAL DIRECTOR

Singleton Funeral

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST

YES XX

17 INFORMANT

°7,1900

DIVORCED

79-00171 20 DATE OF DEATH MONTH 26. HOUR DO . JANUARY 4 1979 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS 78 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR DETURE POST O YOU'LE Johnson Press. 13d INSIDE CITY LIMITS? 731 S. Oldham Street 15. MOTHER'S MAIDEN NAME unknown MIDDLE Daughtery ADDRESAnchorage, Alaska Mr. Edward T. Prendergast (son) arcinoma 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE

HOUR A.M. MONTH DAY YEAR

Home

211 LOCATION

ATTENDING

PHYSICIAN A

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL

22e. ADDRESS

DEGREE

BURWOOD PLAZA.

GLEN BURNIE.

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Mem Pk. Elkridge

Howard MD

STAFF

DIRECTOR PHYSICIAN

Glen Burnie, MD

22c. DATE SIGNES

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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the attending physician and campletely filled in by the funeral direct remave carbonpapers. Pages 1 and 2 shauld be filed within 72 hours

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injury, ar other traumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached far use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the

attending physicial

ATTENDING

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL	HYGIEN	7 9	-0017	4
		CEASED NAME FIR	ST	WIDDLE	LA!	51	20	L DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
X		BENJ,	AMIN EI	DRIDGE		Robbers		1-	11-79	4 /PM
	3. SEX		4 RACE	, -	5. DATE OF	BIRTH	6	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS
		M	1		8	39 190	4	74 YF		HOURS MIN
	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	☐ NEVER MARRIED	9.	BALTIMORE CITY OR COU	NTY OF DEATH	
8	MD		USA		WIDOWED			A, A.	50.	MD.
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OTHER INSTITUTION		a. USUAL OCCUPATION YPE OF WORK FOR MOST OF WORKIN	12b. KIND (OF BUSINESS OR
	Ann	apolis		eneral	DDRESS			arpenter	NOTIFE) INDUSTRY	
	USUA 13a S	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMIT	152 112	e. STREET ADDRESS		
5	Md		Co	ShadySide		YES NO X		491 Shady Res	t Rd	
	I4 FA	THER'S NAME	WIDDLE	LAST		S. MOTHER'S MAIDER	NNAME			
20	01	iver	MIDDLE	Rogers		Sarah		WIDDLE	Crandel	ì
1	16s V	VAS DECEASED EVER IN U.		166 SOCIAL SECUP		17 INFORMANT		ADDRESS		
	n		ES, GIVE WAR OR DATES)	216185920		Olive May	Roge	rs, Shady Side	, Md	
		18 CAUSE OF DEATH (En PART I. DEATH WAS C	DUE TO, O	R AS A CONSEQUE	7	an to	es Le	2 od -	BETWEEN	MATE INTERVAL ONISET AND DEATH
	N	cause (a), stating to underlying cause la PART 2. OTHER SIGNIFIC	he DUE TO, O	Teny	uzse	OT RELATED OTHE	TERMINA	Leve AL DISEASE OR CONDITION	GIVEN IN PART 16	D1
2	CERTIFICATION	190 DATE OF OPERATION		ilene	FOR WHICH OPERATION WAS PERFORMED			YES NO NO	YES, WERE FINDII RTIFYING CAUSES YES [
1		210. ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH DA		21t HOW INJURY OC	CCURRED	(ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
				19	/-/ , ond	that in (my) (aur) api	inion deo	, to		that (I) (we) last causes stated
		226. SIGNATURE) I (X)	ala	uf			MEDICAL STAFF URRECTOR PHYSICIAN	1 / L	SIGNED
		224 PHYSTCIAN SWAME	(TYPE OR PŘINT)			22e. ADDRESS				
	23a B	JURIAL, CREMATION, REM	OVAL 236. DATE	23¢ N	AME OF CE	METERY OR CREMATO	ORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	1-14-7	9 Woo	dfiel	d		Galesville Md		
	24 FL	INERAL DIRECTOR		ADDRESS		250	DATE RE	CD. BY REGISTRAR 25. REC	SISTRAR'S SIGNAT	URE
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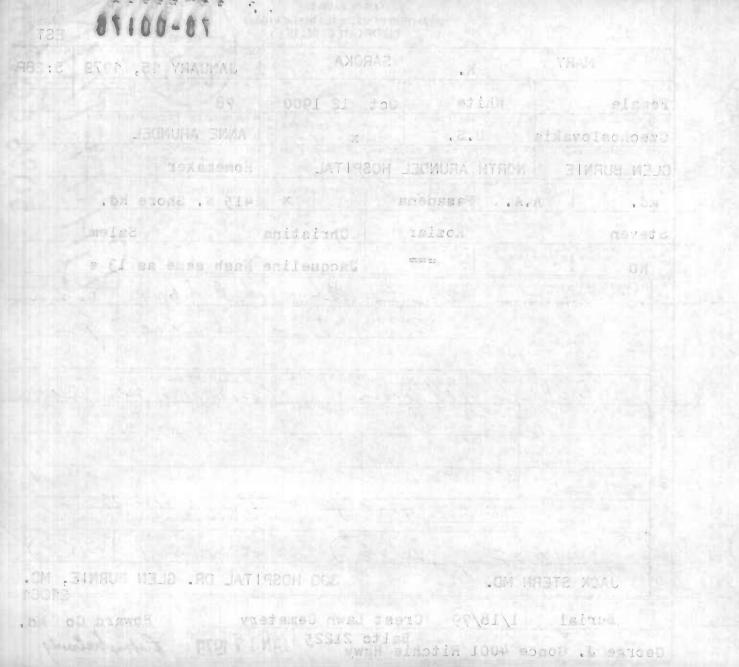
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARY EALTH AND ICATE OF	MENTAL HYGI	7 1 ENE 176	REG, NO.	181	11	EST
		OR PRINT) MARY	MIDDLE K.	SAF	ROKA		20. DATE OF	DEATH M		1979	26 HOUR 5:28Pm
	3 SE)	x	4 RACE	5. DATE C			6. AGE (IN YE			IF UNDER I YEAR	IF UNDER 24 HRS
		male	White	Oct	1200	1900	78		YRS.	AONTHS OAYS	HOURS MIN
1	_ cc	OUNTRY)_	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIE	D NEVER	MARRIED	9. BALTIMOI	_		OF DEATH	
1		echoslovakia	U.S.	WIDOWE		NORCED [ARU			MD.
4	II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL							FOR MOST OF V	WORKING LIFE		OF BUSINESS OR
£	13a S		other institution, give residence 134. CITY OF Pasac	RTOWN	YES 🗌	CITY LIMITS?		DDRESS Sh	ore	Rd.	
0			MIDDLE LA	ŞT	15. MOTHER	'S MAIDEN NAM	/E	MIOOLE		LAS	1
Œ		teven	Koz			istina				alem	
		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) [IF YES, GIVE	MED FORCES? 16b SOCIAL WAR OR DATES)	L SECURITY NO.	Jaca	ueline	Nash	ADDRES:		13 e	
7	CERTIFICATION	Conditions, if any, which gove rise to immediate cause 101, storing the underlying cause last. PART 2 OTHER SIGNIFICANT COMMITTED PROPERTION	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION 196 CONDITION FOR V	SEQUENCE OF G TO DEATH BUT LE Ar		. (NAL DISEASE 120 AUTO YES	tire	20b. IF YES, IN CERTIFY	EN IN PART HO	Ser Q
1	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		H DAY YEAR 19 OFFICE, FARM, ETC.)	211 LOCAT	NJURY OCCURRI			IN ITEM 18, PA		STATE
		WHILE AT WORK ON AT WORK 220.1 certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF JACK STER	tol) ottended the deceosed to view the bady after death.	from	DEGREE 220 ADDRE	ATTENDING PHYSICIAN SS D HOSP!	MEDICAL DIRECTOR [STAFF PHYSICIA	AN 🗆		SIGNED
	23a. B	BURIAL, CREMATION, REMOVAL Burial	23b. DATE 1/18/79	23c. NAME OF C		CREMATORY Cemete:	23d. LOCA CITY OR	TION		СОИНТУ	21061 STATE
	24 FL	JNERAL DIRECTOR				100 0 475		GISTRAR 25		rar's SIGNAL	
	Ge	orge J. Gond	ce 4001 Rit	ess Balto chie He	MA	JAN	17197	19	frosts	my hel	resdy



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the ottending physician and completely filled in by the funeral director, page 3 remove carbon papers. Pages 1 and 2 should be filed within 72 haurs ofter death

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the should be detoched for use os the buriol-tronsit permit. Then please remove corbonpe with the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPART		ALTH AND MENT		79-	00177			
		CEASED NAME	FIRST	M	IDDLE	LA	ST	100	20. DATE OF DEATH	MONTH DAY Y	EAR	26 HOURE	ST
			JESSIE	M	IAY	SAT	VYER		JANUARY 1	6, 1979		7:13P	М
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1	10 CI	TY OR TOWN OF D	EATH-		OSPÍTAL, NURSIN		OTHER INSTITUTION	NC	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		IND OF	BUSINESS	R
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d	14 FA	THER'S NAME		AIDDLE	1 LAST		15. MOTHER'S MAIL	DEN NAM	E MIDDLE		LAST		
4	2	EMBER	RT		HEAL		EVA			M	AK	25h	
		AS DECEASED EVI ES, NO OR UNKNOWN]		WED FORCES? WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	. 1	ADDRE	SS		1	
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		18 CAUSE OF DEA	ATH (Enter on	ly one couse per li	ine for (o), (b), on	d (c	1			BEI	PPROXIM	NSET AND DEAT	н
d		ANTI. DEATH		E CAUSE (o)	Care	01	nolum	as	nest		Vile	1	
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	-2	Conditions, if or		(b)	Reine	1 40	elene						
		couse (o), sto	ting the	DUE TO, OR	AS A CONSEQUE	ENCE OF				7 7 1			
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	z	PART 2 OTHER S	GNIFICANT C	ONDITIONS COL	NTRIBUTING TO I	DEATH BUT N	OT RELATED TO TH	HE TERMIN	NAL DISEASE OR CONI	DITION GIVEN IN PA	ART 1(o	,	
\dashv	CERTIFICATION	190 DATE OF OPER	PATION	110h CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	•	20g AUTOPSY?	20b. IF YES, WERE I	MOM	CS LISED	_
	FIC.	170 DATE OF GIEF	(Allois	170 CONDII	ION TOR WITHCH	OFERATION	WAS FERI ORMED			IN CERTIFYING CA	USES	OF DEATH?	
2	ERT	21a. ACCIDENT WAS L	INDERLYING T	21b. TIME OF	INJURY		21r HOW INJURY	OCCUPPE	YES NO	YES TO THE TEN TO PER TO THE TEN THE TEN TO THE TEN THE T	DT 21	NO 🗍	-
		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.M	MONTH D			0 0 0 0 1 1 1			, 6,		
	MEDICAL	(IF EITHER, NOTIFY MEI		P.M		19	211. LOCATION						
	ME	WHILE NOT	WHILE [ET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOW	N COUN	TY	STATE	
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		22h_SIGNATURE	Ndidi\did not	view the body a	ter deoth.	10	EGREE	-		1226.	DATE Ş	IGNED .	_
		(0)	1	(DV)	1.	12	ATTENE PHYSIC		MEDICAL STAF	F _ /	1/1	7/5	3
-		22d PHYSICIAN'S	NAME (TYPE OF	PRINTI /	a la		22e. ADDRESS	LIAIN	DIRECTOR PHISIC	IAIACLE I ,		21061	_
		DAVID A	. SCHW	ARTZ, M.	D.		325 HOSE	PITAL	DRIVE, GL	EN BURNIE	, MA	RYLANI)
	23a. B	URIAL CREMATIO				NAME OF CE	METERY OR CREMA		23d. LOCATION				=
	(5	CREW HT	IDN	11/17/	1-13	CURTI	TU PROF	200	CHTONSO	COUNTY		STATE	1
			477	(/		1					1,19	_

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been

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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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K		1.	FOR STATE REGISTRAR	DEPARTI	AENT OF HE	ALTH AND MENTAL HYG CATE OF DEATH	TENE 79-1	00178
4 may be			CEASED NAME OR PRINTS	GIRL	S. DATE O	midt F BIRTH DAY YEAR	20 DATE OF DEATH 6. AGE (IN YEARS LAST BIRTH	MONTH DAY YEAR 26 HOUR 79 300 M HDAY) IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN,
ofter death. Page the funeral direct of within 72 hours	35	1	JARVIAND.	CITIZEN OF WHAT COUNTRY? CITIZEN OF WHAT COUNTRY? NAME OF HOSPITAL, NURSIN, (IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWEI	NEVER MARRIED	9. BALTIMORE CITY OF ANNE AF	
vithin 24 hours etely filled in by 12 should be file miner@must be ge	3F	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH TATE NAME	A. JANNAP		A HOSPITAL 13d INSIDE CITY LIMITS? YES NO DE SERSION NAME OF	13e. STREET ADDRESS	Sun Valley Dr.
te be executed w rean and cample rers. Pages, I and 11.	1	160 \	VAS DECEASED EVER IN Ú. S. ARMEI VES, NO OGUVÁNOWN) (IF YES, GIVE WA	D FORLES? 166 SOCIAL SECU	RITY NO.	DAWN 17 INFORMANT MICHAEL	Susani Schmi	ne Schelhaus ## 13
(DS, 201 W. PRESTON ST., BAL quires that the death certificate signed by the attending physici hen please remove carbon paper to burial, cremovial, or removal.		NO	PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	NCE OF		nal disease or cone	DITION GIVEN IN PART 1(0)
law re law re sermit le priar vs any ii	2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	I WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: Iding physics certifical burial-tran Mental Hy	9	MEDICAL CER	71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ONTWHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D, P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	Y YEAR 19	211. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJUR	
R ATTENDI hospital or RECTOR: A red far use rept. of Heal			220.1 certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did) (did not) vi 22b. SIGNATURE		, one	EGREE		19, that (1) (we) last site and hour and from the causes stated
TO HOSPITAL Or retained by the TO FUNERAL DI should be detail with the State DR	1		22d PHYSICIAN'S NAME (TYPE OR PRI STANLEY WA	imer	, C	ANNAPHIS M	MEDICAL STAF DIRECTOR PHYSIC	1-1-79
BP DHMH - 16 50M 1/76 (VR A 15 (4))		(SURIAL CREMATION, REMOVAL SPECIFY DUT 1A	236. DATE 23. 1 1/4/79 RA 1 SONS FINNI	YS Ch	METERY OR STEMATORY, WYCH CEMETER 250. DAY	23d LOCATION CITY OF TOWN REC'D. BY REGISTRAR 1979	COUNTY STATE UNShip NION; A7, 25b. REGISTRAR'S SIGNATURE FIRE THE PROPERTY OF THE PROPERTY

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 197 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE THE FUNERAL DIRECTOR FOR THE STORY FOR MONTH AST SHIDAY)
YRS. YEAR PRONOUNCED a 30 DEAD 20 Th. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNT WIDOWED DIVORCED AGE 5 FILED, V ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS AOST OF WORKING LIFE) USUAL RESIDENCE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO 130 STATE 13 OTY OR TOWN 113b. COUNTA 13e. § 13d. INSIDE CITY LIMITS? YES NO PAGES 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO INFORMANT CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA AL EXAMINER ALONG VENERAL TRANSIT PERMIT. BEXWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which USED AS A BURIAL-TRAN OF HEALTH AND MENTAL AL, CREMATION, OR REMO gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? RWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT OF TO BURIAL, YES NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE STATE 21201 DIRECTOR: 1, WITH THE S 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian WITH THE CERTIFICA death resulted from Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, N ACTUAL 1.11.79 DATE SIGNATU MEDICAL EXAMINER **EXAMINER'S NAME** (TYPE OR PRINT) RIAL, CREMATION, REMOVAL 23b. DA 23c NAME OF CEMETERY OR BP REGISTRAR 4756. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) 15M 7/77

79-00180 TEMPLE VIEW STORY STORY SUMME Mines USA Res Promise To Springer Say Many Name Some No manufact at hime Maryland I was the Samuel St. Port of the St. Committee of the St. Commi The same of the sa Millione, mail area in a new march to the control of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDOLE 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) 55 3. SEX S DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS 7a BIRTHPLACE STATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12o, USUAL OCCUPATION 12h OND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET, ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. GITY OR TOWN 13e STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAM FIRST MIODLE LAST MIDDLE б 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. OKAS A CONSEQUENCE OF remature Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR'AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/ CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOI YES [NO I 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE I AT WORK AT WORK 220.1 certify that (t) (this haspital) attended the deceased from _, that (I) (we) lost eceosed olive on well (did not) view the body often depth ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECT 22b. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING STAFF be ou. FUNERAL PORTANT: DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b 2103 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

uner

ADDRESS

25a. DATE REC'D.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

79-00181

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR SHIP DEY . DECEASED NAME OF ESTI- MONTH 7b. HOUR (TYPE OR PRINT) AGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS 30 W. PRESTON STREET Rosalie Ann DEATH MATED 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 2 10 70. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED [DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) N/A N/A ND 2 SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 NO CE Md. A.A. Jessup 7485 YES 🗌 Wigley Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST OF AIT William Shipley Janet M. Yenser 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS Same (mother as DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 215-86-4265 No Mrs. Janet M. Shipley 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IEF MEDICAL EXAMINER ALONG SED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) OF HEALTH CERTIFICATION 19¢ DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e PLACE OF INJURY (AT HOME. TO FUNERAL DIRECTOR: PAGE 3 SI TO FUNERAL DIRECTOR: PAGE 3 SI AFTER DEATH, WITH THE STATE DEP BALTIMORE, MARYLAND, 21201 PRIO 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Inspection death resulted from Suicide Homicide Undetermined monner TITLE (SPECIFY SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Elkridge Burial COUNTY Meadowridge Mem Pk Md. Howard BP 250. DATE REC'D. BY REGISTRAR 256. RES 24 FUNERAL DIRECTOR **DHMH-17** 1979 (VR A15 ME (5)) Funeral Singleton Home Glen Burnie Md 15M 7/77

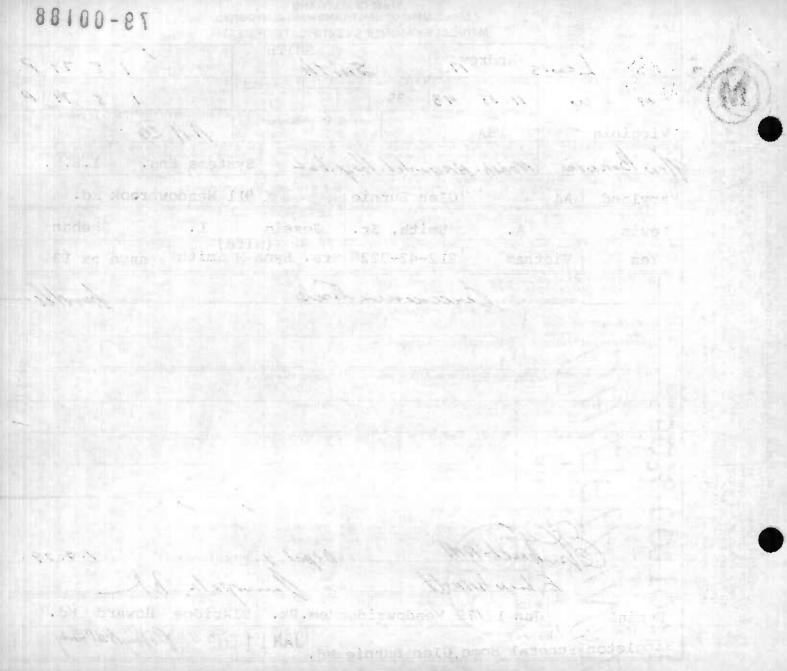
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79-00183

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n and co	1		VAS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVE Yes WI	WAR OR DATE		Mrs. Marga	ADDRE aret J. Si	- Carrie	as 13 vife)
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ng physic certificat rrial-tran ental Hy Item 18 s	P	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PA	RT 2)
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DHMH-16 20M (VRA 15, 4) 7/78		24 FU S	ingleton Fun	Ken		25a. DATI	REC'D. BY REGISTRAR	25h RESSTAR'S SY	thereby

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9-00186 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME January (TYPE OR PRINT) HONIW 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) June YEAR HOURS BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED __ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 700 e MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. Conditions, if any, which gave rise to immediate io', stating underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the couses stated 226 SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: ould be di CROWNSVILLE HSP. CNT. Md. 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23h DATE 23d. LOCATION Arbutus Memorial Park Arbutus (Balto.Co.) Md. Jan.11,1979 250. DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE Marshall W. Jones, Jr. Funeral Home. P.A. DHMH - 16 60M 1/75 (VR A 15 (4)) Purnell B.Oden/4101 Edmondson Ave./Balto.Md.



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THE CERTIFICATE HOULD BE FOR ALD UIRECTOR: ATH, WIRETOR: E, MARYLAND, 2		220. I certify that I toak charge death resulted from: Natural ACTUAL SIGNATURE		ped abave, held an ccident , Suici		LE (SPECIFY)	Inquiry Inquir	DATE	1,26.79
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNE OFATH, BATTER DEATH,		EXAMINER'S NAME (TYPE OR PRINT)	Lowha	nolf	ADDRE		pelo,	her	
BP	(3	DRIAL, CREMATION, REMOVAL 23 PECIFY) BURIAL JNERAL DIRECTOR	-30-1979	SILAS BAP	TIST CH	TURCH CENE,		COUNTY	STATE STATE
DHMH - 17 (VR A15 ME (5)) 15M 7/77	-	LLIAM REESE & SO	ADDRESS ONS MORUTA	Annapolis) PAL e	FEB 2	1979 256. RE	itraphe	Credy

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	79-00191
I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
(TYPE OR PRINT) Ruth	Loretta	Smoot	1/17/79
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
Female	White	June 9 1922	56 YRS. MONTHS DAYS HOURS A
7g. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 RALTIMOPE CITY OF COUNTY OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Anne Arundel County
Pasadena	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER (TYPE OF WORK FOR MOST OF WORKING LIFE)
136 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 134 CITY OR TOV Pasade	WN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 124 Bar Harbor Rd.
14. FATHER'S NAME FIRST	MIDDLE LAST Gros	15. MOTHER'S MAIDEN P FIRST Matilda	MIDDLE Dietz
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS
(YES, NO OR UNKNOWN) (IF YES, GI	(VE WAR OR DATES) 213-12-	-8292 George Sm	oot same as 13 e
	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO NUMM , The MUST		RMNAUDISEASE OR COUDITION GIVEN IN PART NO LAKE
190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES VES NO VES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURED)	EATH HOUR A.M. MONTH D	DAY YEAR 19 216 HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN 11EM 18, PART 1 OR PART 2)
AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.] STREET	CITY ORTOWN COUNTY STATE
saw the deceased alive o obove, (I) (we) (did) (dig r	pital) oftended the deceased from, on 19_10ti view the Body after death.	79, and that in (my) (aur) opinio	n death occurred on the day and haur and from the causes state
leter	J. Willia	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF _ 1/10/70
27d. PHYSICIAN'S NAME (TYPE	Tutschka	John Hope	Reus Uniology lower
230 BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION 0 /

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 to

George J.

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injury, ar ather traumatic event, the medical exam

IMPORTANT: If them 21 is marked at them 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00193

	1-	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	FIENE REG.	9-00	1193		
		CEASED NAME FIRST	100	MIDDLE	Ł.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	*
Н	(TIPE	ELLA		MAE	SI	NOWDEN	January	12.	1979	11 15 A M	
d	3. SE>	(4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS	
		Female	Whit	e	Mar		78	YRS.	NTHS DAYS	HOURS MIN.	
9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		FDEATH		
6		ryland	U.S		WIDOWE		Anne Ar	undel	Count	V MD.	
9		rooklyn		CH FACILITY GIVE STREET	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake	TION OF WORKING LIFE)		F BUSINESS OR	•
-	USUA 13n S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		2	21225	
Ó	Md		A.	Brookl		YES NO TO	821 Matt	hews A		Balto	
2)	14. FA	THER'S NAME FIRST	WIDDLE	Zink		15. MOTHER'S MAIDEN NA			LAST	ık.	
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS			-
ij		(IF YES, GIVE	E WAR OR DATES)	219 10	6206	Louis Mull	inix 260	Eighth			
B		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse pe		dis	/:	1	1	BETWEEN O	MATE INTERVAL INSET AND DEATH	
			TE CAUSE (0)	HRONIC	KUNI	AL FAILURE	(URENIA	1	721	YEARS	
		Conditions, if ony, which gove rise to immediate cause 101, stating the	(b)_	R AS A CONSEQUE	USIVE	NEPHROPA	THY		UNK	NowIN	
		underlying cause lost	(c)								
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(a	1)	
7	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	din.		AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART	I 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		22a I certify that (I) (the hosp saw the deceased alive an above, (I) (we) (did) (did no	octis	19		nd that in (my) (cor) opinion	death occurred on the c	12, 19 date and hour o		that (I) (we) l ast causes stated	
		a Laubh	1 h.	m.J.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	LFF CIAN []	120. DATE !	SIGNED	
		22d. PHYSICIAN'S NAME PYPE C				22e. ADDRESS	- 0.0	1			
			KFORD, JR			2934 MOUNTA	IN ER. BAS	A DENY	My).	21122	=
		BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	-1	YTAUO	STATE	
	24 EI	Burial	11/15/	79 0		Hill Cem.	Brookl		AP'S SIGNATI	Md.	_
		NAME	a kinni	L Ritchi	Balt	U C. LC.C. 7 161	N 1 7 1979	front	1	money	
	UE	eorge J. Gond	- 4007	r with print	re us	ומע	- 1013			/	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

40100

Э		REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. NO	3-00	, 134		
9		CEASED NAME	FIRST	A	AIDDLE		LAST			MONTH DA	YEAR	2b. HOUR	-
빒	(ITPE	OR PRINT)	nrie	tta	V.	S	tein	P17.		1 20	1979	8:30AN	1
9	3. SEX			4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTI		F UNDER 1 YEAR	IF UNDER 24 HRS	-
-		Female		Whit	e	Aug		84	94 years	YRS.	ONTHS DAYS	HOURS MIN	
		RTHPLACE (STATE OR FOI	REIGN	76. CITIZEN OF	WHAT COUNTRY?	Я	D NEVER MARR		9. BALTIMORE CITY O		OF DEATH		
K		Marvland		U.S.	Α.	WIDOWE			Anne Arun	del Co	unfv	MD).
		TY OR TOWN OF DEAT	гн	11, NAME OF		NG HOME C	OR OTHER INSTITUT	ION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	NC	12b, KIND O	F BUSINESS OR	-
15		Brooklyn		103 Fi	rst Aven	ue			Housewife	WORKING LIFE)	INDUSTRY		
	USUA	AL RESIDENCE (IF NURSIF	NG HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR		113d. INSIDE CITY LI	ALITED	13e. STREET ADDRESS				-
万	100. 0			Arundel	Brook1			1KIX	103 First	Avenu	e 2122	5	
	14. FA	THER'S NAME		44,400 100-100			15 MOTHER'S MAI	DEN NAM	ΛE		IAS		
20		William		MIDDLE	Gebhard	it.	Met	ilda	MIDDLE		Unkno		
1		VAS DECEASED EVER I			16b. SOCIAL SEC	_	17 INFORMANT		ADDRE	SS			-
1	(1	NO NO OR UNKNOWN)	IF YES, GIV	E WAR OR DATES)	217-38-9	9830	Mrs. Eve	lvn P	iller, 2015	5 Smith	a Ave.	21227	
		18 CAUSE OF DEATH	(Enter on	ly one couse per				/	12202			MATE INTERVAL ONSET AND DEATH	=
7		PART I. DEATH WA	AS CAUSE	D BY:	1 -	MA					02,177,213	OHISET AND DEATH	-
		1151	MMEDIA							-25000			
		Conditions, if any,	which	DUE TO, OI	R AS A CONSEQU	ENCEOF	CVA						
		gave rise to imme	ediate) (6)				3 19 2		7.50			-
		underlying couse	lost.	DUE TO, OF	R AS A CONSEQU	ENCE OF	old A	190					
		PART 2. OTHER SIGN	IFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0)	=
	O				De	celle	tus	We	Cle.				
0	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDING CAUSES		
2	TIFIG			200					YES NO	YES		NO [
2	CER	210. ACCIDENT WAS UNDE		216. TIME O		AV VEAD	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PA	RT 1 OR PART 2)		_
1	AL	OR CONTRIBUTING C		1113	M, MONTH D M.	AY TEAR							
K	MEDICAL	21d. INJURY OCCURRI	ED	21e. PLACE	OF INJURY	- 1011 FTC 1	211 LOCATION	1300	CITY OR TOW	/N	COUNTY	STATE	_
Н	¥	WHILE NOT WHI	ILE	(AT HOME, STA	EET, FACTORY, OFFICE,	FARM, EIC.J	JALET		en octo		COOM	JIAIL	
		22a.1 certify that (I) (this haspi	tal) attended th	e deceased fram.	M	AR 15 19	77	, to	1	9 25	that (1) (wa) last	
1		sow the deceased abave, (1) (we) (di	d alive an	th view the hady	ofter death 19	29 . 0	nd that in (my) (<u>our</u>)	apinian d	death occurred an the do	ate and haur	and Iram the	causes stated	
	100	226. SIGNATURE	, (3.0.1)	4	0	E A	DEGREE			7 165	22c. DATE	SIGNED	
	3	V. I. V.		mace	th.		MY ATTEN		MEDICAL STAF		1/3	20/29	
		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e. ADDRESS	3369	PENSON EN			1/	
1		Dr. Inde	~ C1.	nah			2301 Apr	nanol	is Pond			m	
T	23a. E	BURIAL, CREMATION, F	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREM		23d. LOCATION		COUNTY	STATE	=
	(Burial		1/23/	79 L	oudon	Park Cem.	History	Baltimor			aryland	
		UNERAL DIRECTOR	alg i		Ba	Ito. N	4d,21229	250. DATE	REC'D. BY REGISTRAR				-
		Hubbard Fu	nera]	Home, I	nc. 4107	Wilke	ens Ave.	JAN	122 1979	tions	ly stel	ready	

DHMH - 16 50M 7/77 (VR A 15 (4))

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1-	FOR STATE		EALTH AND MENTAL HYGIE R'S CERTIFICATE OF DE	/ U = II II I	95
I. DI	REGISTRAR ECEASED NAME FIRST	MEDICAL EXAMINE	LAST	REG. NO.	DAY YEAR 25. HOL
	PE OR PRINT) Adam	R	Stevens		31 , 79
3. SE	X 4 RACE 5. D	ONTH DAY, YEAR LAST BIRTHDAY		PRONOUNCED .	31 1979 7:1
В		CITIZEN OF WHAT COUNTRY?		A RALTIMORE CITY OR COUNTY	
FC	OREIGN COUNTRY)	USA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arundel	County, M
	ITY OR TOWN OF DEATH nnapolis A	NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Inne Arundel Genera	OR OTHER INSTITUTION 12a U	SUAL OCCUPATION (TYPE OF WORK IR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
JSU		IER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	N)	TREET ADORESS	2 /
	MD, 1	TH AWWARD	is YES NO 3	9 HDAMS	st.
14. F.	ATHER'S NAME	SELECTION OF LAST	15 MOTHER'S MAIDEN NAM		EETSON
	WAS DECEASED EVER IN U.S. ARMED YES, NO. OR UNKNOWN) (IF YES, GIVE WAR O		NO. IT NEORMANT	ADDRESS	2E (30 C)
	P D TIPES, GIVE WAR	JK DATES)	GEORGE K.	STEVEUS	
	18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY:	e cause per line for (o), (b), and (c).)	Death Syndrome		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	7980 IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE O			
	Canditians, if any, which gave rise to immediate	(b)			
H	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE O	F		
		(c)	AN AKENCE OF CONDITION CHIEF IN A PRO		
No	TAKE 2 OTHER SIGNIFICANT CONDITIONS CONTR	CENTING TO DEATH BUT NOT KELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN PART 1 (g).		
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY?
RTIFI	AL EVERNIAL CALIFE WAS	All This of Allian			YES 📉 NO
	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 'H P.M. 19	21c. HOW INJURY OCCURRED (ENTI	R NATURE OF INJURY IN ITEM 18 PART T OR PA	R1 2)
MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE DAT WORK	21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN CO	UNITY STATE
		the remains described obave, held an	Autopsy X, Inspection .	Inquiry , ond in my op	oinion
	death resulted fram: Notural co	ouses C., Accident ., Suic	ide . Homicide . Und	etermined manner .	
	ACTUAL SIGNATURE VINGLINA	Lolan 1.)	TITLE (SPECIFY) Assistant	DATE DICAL EXAMINER SIGNE	2/1/79
2.	EXAMINER'S NAME Virg	inia L. Dolan, M.D.	ADDRESS	111 Penn Str	reet
23a. F	BURIAL, CREMATION, REMOVAL 236. D			OCATION cqu	ATVA ATAIN
Q	SURIAL A	3/19 HILLER	EST	BY REGISTRARY S.S. REGISTRARY'S S	HI MO
17/	TUNERAL DIRECTOR	1 pops	O. DATE LEED	5 9 9 Registrates	MY MESSAGE

Items #18-22a Film 4528 2/26/79 rc state of Maryland

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MINON YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED William HOURS STREET, MUURA 12 1979 5 FOR YOUR FILES 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DAY 2d. HOUR DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 07 DEAD 197 BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH S FOR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED S WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY NO TO mar SUAL RESULENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13a. STATE 113L COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? NO TH 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME DIVISION OF VIT MIDDLE & LAST MIDDLE VON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166. SOCIAL SECURITY NO LYES, NO. OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse a line far (a), (b), and (c).) APPROXIMATE INTERVAL CAL EXAMINER ALONG VA BURIAL-TRANSIT PERMIT.
AND MENTAL HYGIENE, C BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BURING HEALTH AND A PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION R: THIS CERTIFICATE.
TE, WRITING THE WORD "PEN ORWARDED TO THE CHIEF N. R. PAGE 3 SHOULD BE USED IE STATE DEPARTMENT OF HE/S, 21201 PRIOR TO BURRAL, CRE 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO. YES 71n EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING LOR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE 22a. I certify that I taak charge of the remains described above, held an SHOULD BE FOR WITH THE Autapsy Inspection and in my apinian death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA ACTUAL SIGNATUR EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP. may 250 DATE REC'D. BY REGISTRAR 250 DEGISTRAR SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 7/77

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE OF DEATH 2b HOUR (TYPE OR PRINTI CANCES 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY FUNDER 1 YEAR IF UNDER 74 HRS To BIRTHPLACE IN CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED IL CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE INDUSTRY IETICIAN NURSINA C 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1 (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic PART L DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., MINUTE IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF rosclensis Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Spuere 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) this hospital) attended the deceased from four) opinion death accurred on the date and hour and from the causes stated a ond that in (my) DIRECT 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME ITHE OF PRINT 22e ADDRESS ld b 4 28c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE STATE BP. STHICAN D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 Ritchie Hwy

Severna

Ruch

Barranco

(VR A 15 (4))

Singleton Fuheral Home, Glen Burnie, MD

FOR

REGISTRAR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-00200

20 DATE OF DEATH MONTH

NAME: Alice H. Teubner

DATE OF DEATH: January 1, 1979

PLACE OF DEATH: Anne Arundel

SEE: #-79-02912

February, 1979

Anne Arundel County

WHITEFIE

1	FOR - STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	(GIENE 79 -	00201
(TYP)	ECEASED NAME PE OR PRINT)	MIDDLE	Thomas	20 DATE OF DEATH MONTH	179 10 Pinm
3. SE	INF	NEGRO S	DATE OF BIRTH 12 MONTH July 22 ZO	6. AGE (IN YEARS LAST BIRTHDAY) 58	IF UNDER 1 YEAR IF UNDER 24 HRS
	BIRTHPLACE STATE OR FOREIGN	II.S.A.	MARRIED NEVER MARRIED	BALTIMORE CITY OR COLU	NTY OF DEATH
	ITY OR TOWN OF DEATH	ANNE ARUNDEL GENE		170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
35 MA	ARYLAND A	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD NTY 13C. CITY OR TOWN ANNAPOLTS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 900 Spa Road	
121	ATHER'S NAME FIRST EMORY	MIDDLE LAST THOMA	S MOTHER'S MAIDEN N	WIDDLE	SMITH
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 166 SOCIAL SECURIT E WAR OR DATES)		ADDRESS OMAS 24 C Bens 1	Annapolis, Mo
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (c) DUE TO, OR AS A CONSEQUENCE (c)	E OF arting	endin. Disture	Lung Handy
CERTIFICATION	19a DATE OF OPERATION	CONDITIONS <u>CONTRIBUTING TO DEA</u>	ERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE OF WHILE AT WORK AT WORK		YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2) COUNTY STATE
	220. F certify that (1) (this hosp sow the deceased alive or	control of the deceased from 19 7. Let view the body ofter death.	DEGREE ATTENDING PHYSICIAN 1220- ADDRESS	n death occurred on the date and	19 14, that (I) we lost hour and from the couses stated
1	22d. PHYSICIAN'S NAME (TYPE	(10184 %			1
{	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c NAA	ME OF CEMETERY OR CREMATORY	13d LOCATION CITY OR TOWN	COUNTY STATE

79-00201 Mentagolin, No. The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) OF JOHN R. THOMAS Jr. 1079 OUR FILES. 172 HOURS. ON STREET, DEATH MATED 6 AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR 3 SEX 4. RACE 5 DATE OF BIRTH IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED MALE 19 1907 NECRO DEAD b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. ANNE ARUNDEL COUNTY DIVORCED 10. CITY OR TOWN OF DEATH 12e USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE ARUNDEL GENERAL HOSPITAL ANNAPOLIS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 3d. INSIDE CITY LIMITS? 1721 St. Margarets Road A.A. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE CARRIE OF XIT JOHN R. THOMAS JOHNSON E. 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Annapolis. Md. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION OR UNKNOWN) 219-12-3086 CLARA THOMAS 1721 St. Margarets Rd. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) OF HEALTH A CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES NO K 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. PRIOR 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 21201 FUNERAL DIRECTOR: PTER DEATH, WITH THE STIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held on and in my opinion death resulted fr Undetermined manner TITLE (SPECIFY) SIGNED_ /-1- 79 ACTUAL SIGNATUR EXAMINER'S NAME (TYPE OR PRINT) AFT BAL 23g BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATOR COUNTY STATE (SPECIFY) BURIAL 1-6-1979 ASBURY BROADNECK HURCH St. Margarets BP 24 FUNERAL DIRECTOR DHMH - 17 Annapolis, Md. ADDRESS (VR A15 ME (5)) 1979 WILLIAM REESE & SONS MORTUARY, P.A. 15M 7/76

79-00202 TOTAL STREET, STREET THE REPORT TO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF D REGISTRAR DECEASED NAME KNOWN A 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED WITHIN 72 HOURS FUNERAL DIRECTOR. 5 FOR YOUR FILES. Robert 12 19 79 Wayne Thompson 6 AGE IN YEARS SEX S. DATE OF BIRTH IF UNDER TYR **IF UNDER 24 HRS** DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 4:30P 5 2 1959 19 Male DEAD White 12 1979 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED & FOREIGN COUNTRY) USA Md. WIDOWED DIVORCED Anne Arundel County, 3 FILED, D. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK JELAY IS TO THE I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Construction Annapolis Anne Arundel General Hospital SHOULD BE BE AND 3 TO USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN (3d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21201 AACo 210 Linden Ave. Md Mayo NOX AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FORM PM LAST MIDDLE LAST FIRST FIRS1 William Thompson Nancy Patrick OF 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DIVISIO 212-76-2336 Nancy Patrick No Same as 13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TAL HYGIENE, PART I DEATH WAS CAUSED BY ALONG IMMEDIATE CAUSE (a) Hanging DUE TO. OR AS A CONSEQUENCE OF REMOVAL. Conditions, if any, which EXAMINER USED AS A BURIAL-TRANSI OF HEALTH AND MENTAL H., CREMATION, OR REMOV. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, YES T NO | STATE DEPARTMENT (21201 PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOURY MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 12 19 79 hanged self P.M. 21e. PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED FORWARDED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK 210 Linden, N.E. AT WORK home Beverly Beach, A.A. MD SHOULD BE FOR ERAL DIRECTOR: FEATH, WITH THE ST X Autopsy 22a. I certify that took charge of the remains described above, held an and in my apinian MARYLAND, death resulted from: Matural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BALTIMORE, MA DATE M.D. Deputy ChiefEDICALEXAMINER 1/13/79 SIGNATURE SIGNED EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., Md. (TYPE OR PRINT) ADDRESS 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE PG Burial. 1 - 16 - 79Ft. Lincoln Cem Md. BP Brentwood 24. FUNERAL DIRECTOR 25a. DATE REC'D, BY REGISTRAR DHMH - 17 Hardesty Funeral Home 12 Ridgely Ave Ann (VR A15 ME (5)) 30M 7/73

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical argument must be partied and once.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00204

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	00204
I. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE	OR PRINT)		The older	1 -	13-78 120A
3. SE	7,807	RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
J. J.	/	,)	SCOT 25 1896	C/-V	MONTHS DAYS HOURS MIN
	-	W	Sept. 25 1876		RS
	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
<	Suzeden	1).SH	WIDOWED DIVORCED	Home 1	Trundel MD.
10. CI	TY OR TOWN OF DEATH		IG HOME OF OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
7	P.K.	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDREST	(TYPE OF WORK FOR MOST OF WORKE	1//
USU	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	Housewife	Home
13a. S	TATE IS COUNTY	13c. CITY OR TOW		130. STREET ADDRESS	.1101
	Utah Web	er laden	YES NO 🗌	1554 Cap	101 57
14 FA	THER'S NAME	OLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
166	Hoders	Jonsson	Hong	Mode	Bergstrom
	VAS DECEASED EVER IN U.S. ARME		RITY NO. 17 INFORMANT	ADDRESS /	2 Rednda CT.
{\}	ES, NOOR UNKNOWN] (IF YES, GIVE W.	F CE 9- 18-	8392 R. L.	A mullara	Severna Park MD.
		33100	Mar Dave	rowther -	APEROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one couse per line far (o), (b), and BY:	0 0 0		BETWEEN ONSET AND DEATH
	IMMEDIATE	CAUSE (a)	and which		
	410-	DUE TO, OR AS A CONSEQUE	ENCE OF		
	Conditions, if ony, which	(b)	MSCUD		
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
	underlying cause last.	JOE 10, OK AS A CONSCOOL			
599	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO F	DEATH BUT NOT RELATED TO THE TERM	UNAL DISEASE OR CONDITION	I GIVEN IN PART 1(n)
N					
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. II	FYES, WERE FINDINGS USED
FIC				_ An INCE	ERTIFYING CAUSES OF DEATH?
R		The Thirt of Hillion		YES NOT	YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	116. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM	A 18, PART I OR PART 2)
S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
Σ	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.	CIII OK IOWN	STATE
	22a certify that (1) (this hospital	attended the deceased from	157.5	1/23/7	7 19 that (I) (ves) lost
	sow the deceased alive on	th 12/78 19	and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
	abave, (1) (we) (did) (did not) \ 22b. SIGNATURE	new the body after death.	DEGREE		22c. DATE SIGNED
-11	(1) 12 AR		ATTENDING	MEDICAL STAFF	1/2 3/2 3
	/8/1 Mayru	mun	PHYSICIAN	DIRECTOR PHYSICIAN	103/1
	22d. PHYSICIAN'S NAME (TYPE OR PR	1. /	22e. ADDRESS		0
	STANLET	WATKIN	O Chung	moles N	d.
		23b. DATE / 23c. N	NAME OF CEMETERY OR CREMATORY	13d. LOCATION	
(:	SPECIFY) R	1/27/79 41	1 of Hot hear	M. Og de o	Weber High
24 FL	JNERAL DIRECTOR ()	1-11	250. DA	E REC'D. BY REGISTRAR 256 BE	BISTRAR'S SIGNATURE
	Col. of Sana	NEO SUELADORESS	NE JA	N 2 5 19/9 /	ofry Mc Cready

DHMH - 16 50M 7/77 (VR A 15 (4))

Olud & Sanaveo

BP.

79-00204 Robert Burrens FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00205

1.	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. NO	, 00	, 200	
	CEASED NAME	FIRST	,	AIDDLE	-	AST			MONTH DA	AY YEAR	26 HOUR
(ITPE	OR PRINT)	James		R.	Tolso	on	7.1		1 24	+ 79	A
3. SE		4.	RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT		F UNDER I YEAR	
	Male		White		MODIT!	2 97	YEAR	8 (YRS.	ONTHS DAYS	HOURS MIN.
	IRTHPLACE ISTATE O	R FOREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8	D CONEVER MAR	DED []	BALTIMORE CITY O		OF DEATH	
L	MD.		U.S	•	WIDOWE		CED [Anne Aru	ndel	Count	ty "
10 CI	ITY OR TOWN OF	EATH 11		HOSPITAL, NURS		OR OTHER INSTITU	TION	12a USUAL OCCUPATE			OF BUSINESS O
Se	HENOL P	ark	11850	LD HWA	rapha	ED.		FARME		Res	
USU	AL RESIDENCE (IF N	URSING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEF	OR ADMISSION)	13d. INSIDE CITY (IAAITS2	13e. STREET ADDRESS	1		
	Md.	A 0	Co.	Aenol	/ -			1185 Old	Annar	olis	Rd
14. FA	ATHER'S NAME	. MID	DIE	LAST		15. MOTHER'S MA	IDEN NAM	NE MARIE	/		CP
	Wilh	IAM	TI	SLSON	5	SZ	PA	4.		Oppin	995
léa V	WAS DECEASED EV	ER IN U.S. ARME		166 SOCIAL SE	CURITY NO.	17 INFORMANT	1.	ADDRE	SS /	1	1
,	DO	(IF 1ES, OIVE W	AR OR DATES)	218091	624217	HLICE	11891	win lalso	W #	£ 13	
	18. CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b),	and (c).)	De	//	0 1)		BETWEEN	ONSET AND DEATH
	PART I. DEATH	WAS CAUSED	BY:	Cox	1902	feere 1	teoi	* tocke	u	3-1-3	
	1161	IMMEDIATE			1		1	0. /	2	4	
	Conditions, if o	and to be failed	1 '	R AS A CONSEC	A COLL	10 BC	Lew	Kull hu	wy DI	sauce	
	gove rise to i	mmediote	{b}	1	a Franc	0 0 1- 3		/	1		
	couse (o), sto		DUE TO, O	R AS A CONSEG	DUENCE OF				0		
			(c)		-						
z	PART 2. OTHER ST	GNIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	IIION GIVE	N IN PARI 1	(0)
CERTIFICATION	19a. DATE OF OPER	PATION	TIPL COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORM	D	20a. AUTOPSY?	20h JE YES.	WERE FINDI	NGS LISED
F.	ING. DAIL OF OFE	NATION .	The Core	THO TO TOK WITH	CII OI EKAIIO				IN CERTIFY	ING CAUSES	S OF DEATH?
ERT	21a. ACCIDENT WAS	INDERIVACE C	21b. TIME O	E INTHIDY		1214 HOW IN HILL	V OCCUPA	YES NO	YES		NO 🔲
	OR CONTRIBUTING		110110 1		DAY YEAR	21t. 110 W 11430K	OCCURR	ED (ENIER NATURE OF INJUR	T IN HEM 18, PA	RI I ORPARI 2)	
S	(IF EITHER, NOTIFY ME		P.		19						
MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY REET, FACTORY, OFFIC	E. FARM, ETC.)	21f. LOCATION STREET		CITY OR TOV	M	COUNTY	STATE
2	AT WORK AT	WORK									
	22a.1 certify that	(1) (this hospital) ottended th	e deceased fron	Decei	nber	9.72	_, to Januar	Y1	979	that (I) (we) is
	sow the dece	osed olive on	Janua	rv 15 19	79		r) opinion d	eoth occurred on the do	te and hour	and from the	couses stated
1	226. SIGNATURE	(did) (did not)) I Body	Oner deom.		DEGREE			970.00	22c. DATE	SIGNED
		14.	/VIX	lan.	Mr.D	ATTE	NDING DO	MEDICAL STAF	F	1-21	4-79
	22d. PHYSICIAN'S	NAME (TYPE OR P	RINT)	4	11/1/	22e. ADDRESS	OICIAIN ES	DIRECTOR ED FITTSIC	1517		
				200	٨	Deben		13 - m 1 O	7.7	0	
		H. Hi			Α.			ld and Owe	INS Wa		verna
230	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	1.0 13	WHAME OF C	EMETERY ORICHE	MATORY	234. LOCATION CITYOR TOWN	- 8	ANA Pa:	rk, Me
4	JURIAL	0	1/26/	17 /-	+3B4	ey /er	H	TOUGH	DIF	14-	MD.
23/7	UNERALDIRECTOR	1) 1	10	ADDRESS A	1 . 1	/	250. PARE	REC'D BY REGISTRAR	156 REGISTA	AR'S SIGNA	JURE -

DHMH - 16 25M

BP.

(VR A 15 (4)) 9/74

Hill tytut des Climopole, nel.

79-00205			
(P. 12 J		200	
		90 to	
which is the Table			S.C. 74
TO SHOW THE			
the thousand blooding		100	
Elle Anthine			
		Ti great	
	21.2	Transfer of the	

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND FOR - STATE REGISTRAR

WILLTAM REESE & SONS MORTUART P.A. Anna. Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00206

					REG. NO.		
	ECEASED NAME	ARIES	1	TAST TAST	20 DATE OF DEATH MONTH	7/79 2	725
3. S		4 RACE Black	5. DATE (6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS	F UNDER 24 HRS HOURS MIN
	BIRTHPLACE ISTATE OR FOREIGN COUNTRY LAND	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE	D LA TALTER MARKIED C	9 BALTIMORE CITY OR COUL ANNE ARUNDE	NTY OF DEATH	MD
1	INAPOLIS	ANNE ARUNDI			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		BUSINESS OR
13a	UAL RESIDENCE (IF NURSING HOM STATE IARYLAND		ENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	CUMBERSTONE RO	DAD	
14 1	FATHER'S NAME ELT	MIDDLE TO	VÖUE Sr.	15 MOTHER'S MAIDEN NA	ME	JOHNSON'	
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	CIVE WAR OR DATES!	5-0093A	17 INFORMANT ROBERT TONGU	ADDRESS JE 722 Rosedale	Annapolis Street	, Md.
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C	inoma of s	stomach, metas	static	2 mont	ATE INTÉRVAL ISET AND DEATH
CERTIFICATION	None 190 DATE OF OPERATION Dec. 18, 19	196 CONDITION FO	R WHICH OPERATIO	NOT RELATED TO THE TERM ON WAS PERFORMED Ch(gastroscop)		YES, WERE FINDING RTIFYING CAUSES O	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOTIFY WORK AT WORK	DEATH HOUR A.M. MO	NTH DAY YEAR 19	216 HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2] COUNTY	STATE
	220. I certify that (I) (this had saw the deceased alive above. (I) (we) (did) (did) 22b. SIGNATURE	spital) attended the decease an Dec 28	1978	nd that in (my) (aur) apinian DEGREE	, to		
	Charles W. K			22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Jan 9, MD 21401	1979
23a	BURIAL CREMATION, REMOVE BURIAL			TEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN OWENSVILLE	COUNTY	rland

JAN B

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

10x Misles

Singleton Funeral Home, Glen Burnie Md

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-00207

26 HOUREST

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12b KIND OF BUSINESS OR

Crouse

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO

STATE

Maryland

COUNTY

22c. DATE SIGNED

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be eloined by the haspital or ottending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be patified at once.

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

79-00208

	REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.		E. 2. 1.
	1. DECEASED NAME FIRST THEOE	DORE (nmi)	WATKINS,		ANUARY 19		26 HOUR A. 5:53M
	3. SEX MALE	WHITE	5. DATE OF BIRTH APRIL 16	5,1919 59		IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
7	7a. BIRTHPLACE (STATE OR FOREIGN NEW JERSEY	U.S.A.	MARRIED NEVEL	D AA A DDIED	NNE ARUNI		TY MD.
1	GLEN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI NORTH ARUND	EET ADDRESS)	(TYPE C	SUAL OCCUPATION OF WORK FOR MOST OF WORK IREMAN	KING LIFE) INDUSTRY	F BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU	NTY 13c CITY OR TO	BURNIE YES	NO 📉 72	REET ADDRESS 214 JUDY	ROAD	
3	14. FATHER'S NAME FIRST BOLESLAW 160. WAS DECEASED EVER IN U.S. AF	MATKIN RMED FORCES? 166 SOCIAL SE	vs v	R'S MAIDEN NAME WLADYSLAWA	A MIDDLE N	APIERNAK SAME AS	
	(YES NO ORUNKNOWN) (IF YES CH	141.10		GLADYS V		S (wife)	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF (C)	tp. ig link centrices ED TO THE TERMINALD JANATA	den fa	ilsus In given in part II	ouria
1	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERF	FORMED YES	INC	IF YES, WERE FINDING CAUSES YES	
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCA	INJURY OCCURRED (EN	NTER NATURE OF INJURY IN ITI	EM 18, PART 1 OR PART 2] COUNTY	STATE
	220. I certify that (I) (this hosp saw the deceased alive or obove will (we) (did) (did no 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OBEN JAMIN A.	DE GUZMAN, I	DEGREE 22e ADDR	PHYSICIAN DIRECTION DIRECT	DICAL PHYSICIAN DRI PITAL DRI RNIE, MAF	nd haur and from the	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 23	MEADOWR TO		LOCATION CITY OR TOWN	COUNTY	STATE

BP.

DHMH-16 50M 7/77 (VR A 15 (4))

GLEN

SINGLETON

BY REGISTRAR 256 REDISTRAR'S SCHOOL BE LY

SINGLERAN FOR TAL BOIR, GERN MENTS, IN A. P. 1979 P. 4-45-4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR AAIDDIE 20 DATE OF DEATH MONTH 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) NHIE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 3. SEX 5. DATE OF BIRTH YEAR DAYS MONTH 70. BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL 17h KIND OF BUSINESS OR CITY OR TOWN OF DEATH INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) [(IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO IT Mental Hygi 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ö CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on. ond that in (my) (a) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 226. SIGNATURE MITTENDING MEDICAL STAFF old be deto DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS immerman 0 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNT (SPECIEY) BY REGISTRAP'S SIGNATURE 24 FUNERAL DIRECTOR 250. DATE 501 Ritchie Has DHMH - 16 50M 1/76 (VR A 15 (4)) Sexerna

TANO.	-	y	OR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG	19	- 002	10	•
	100		CEASED NAME FIRST OR PRINT) Mai	rgaret	MIDDLE W.	Well	mann	Janu	ary 20,	1979	2b. HOUR
ge 4 may ector, por		3. SE)	Female	4 RACE (auca	sian	S. DATE O	DAY - VEAR	6. AGE (INYEARS	LAST BIRTHDAY) YRS	MONTHS DAYS	HOURS MIN.
eath. Pos neral dir	Of Juce.	190	RTHPLACE ISTATE OR FOREIGN DUNTRY) arolina	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	Anne	CITY OR COUN Arundel	County	MD.
s after d by the fu) (Software of the second of		Jen Burnie	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY GIVE STREET North (10		Road	120 USUAL OCC (TYPE OF WORK FOR Seams t	MOST OF WORKING	LIFE) INDUSTRY	ture (o.
aND 212 24 haur filled in nauld be i	must be	AA	AL RESIDENCE (IF HURSING HONDITATE 136, CC	ne Arunde		E ADMISSION) IN UNILE	13d INSIDE CITY LIMITS?		North U	Durnie, hanten R	M. 21061
MARYL ed within ampletely and 2 sh	Scamine 1	14. FA	John	MIDDLE	Streater		15. MOTHER'S MAIDEN NA Francis		IDDLE	Ingra	m
BALTIMORE, cate be execut ysician and co apers. Pages 1	medical	16a. V	VAS DECEASED EVER IN U.S. (ES, 100 OR UNKNOWN) (IF YES)	. ARMED FORCES? . GIVE WAR OR DATES)	245 03	1004	Charles E. We	eUmann	Glen B	urrie, 1	
10 W. PRESTON ST., that the death certification of by the artending phease remove carbon prior, cremation, or remains or remover.	or ather traumatic event,		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME! Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, C DUE TO, C DUE TO, C C DUE TO, C C C C C C C C C C C C C	Carel OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU	ENCE OF	Respirator clial kn	fare	lure	15 y	pars
RECORDS, low requir low seen sig bermit. Then te prior to be	shows any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICA CHUPTIC 19a DATE OF OPERATION .	Brench 196. CONE	DITION FOR WHICH	1	NOT RELATED TO THE TERM WAS PERFORMED 1216 HOW INJURY OCCUR	20a AUTOPS YES N	Y? ZOB. IF I	YES, WERE FINDIN TIFYING CAUSES YES []	NGS USED
15 55	or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	INER) HOUR A	OF INJURY .M. MONTH D .M. OF INJURY TREET, FACTORY, OFFICE,	AY YEAR 19 FARM, ETC.)	211 LOCATION STREET		TY OR TOWN	COUNTY	STATE
DIVIS ATTENDING aspital or attending a second of the sec	21 is marked	4	WHILE AT WORK 220. I certify that (I) (the same sow the deceased alive above, (I) (was did) (di			4	nd that in (my) parapinion	, to/ death accurred a	120 In the date and h		that (I) (we) last causes stated
SPITAL OR I by the hu VERAL DIRE be detache	TANT: # Item		276. SIGNATURE	YPE OR PRINT)	lfom		DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL DIRECTOR [22c. DATE	SIGNED / 79
TO HOS! retained TO FUN shauld b	IMPORTANT	23o.	BURIAL, CREMATION, REMO	VAL 23b. DATE	SNER	~ ·	13904 -	23d. LOCATIO	NWO	COUNTY	STATE
BP DHMH - 16 50M 7/7	77	24. F	UNERAL DIRECTOR	Jan	st Participas		onllo	EREC'D. BY REG		Pary land	thronly
(VR A 15 (4))		Mr	Cully Funeras	Home of	Brooklyn	Balt	o. M. 21225	IN 4 3 19	13 4		

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injury, or other troumatic

IMPORTANT: If them 21 is marked at Item 18 shows any

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70 ... 00211

	-	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. N	002	11	DST	
1		EASED NAME FIRST	MIDDLE	LAS	ST .	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
ì	(TIPE)	LEROY	GILBERT	WHEEL	ER	JANUARY	17,	1979	1:35 PM	
	3 SEX		4 RACE	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS	
ı		Male	White	May 3	- 1 .	38	YRS	MONINS DATS	HOURS MIN	
	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED K	9. BALTIMORE CITY				
V		Maryland U.S.		WIDOWED	DIVORCED [ANNE ARUNDEL			MD.	
1	10. ⊂ 11	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	IVE STREET ADDRESS)		12a USUAL OCCUPAT			F BUSINESS OR	
4	-	EN BURNIE	NORTH ARI	JNDEL HOS	SPITAL	none				
5	13a. S	TATE Md. IF NURSING HOME OF	VIY 113, CITY	or town	YES NO X	13. STREET ADDRESS 739 - 20	7th	St.		
	14 FA	THER'S NAME			5 MOTHER'S MAIDEN NA	MIDDLE		LAS		
6			9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	eeler	Catheri		Or	0	07.00	
Ī	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDR	ESS		21225	
		No			Doris Gavir	1, 4602 Fo	urth	St. B	altimor	
ı		18 CAUSE OF DEATH (Enter or	ily one couse per line for to		1				MATE INTERVAL DNSET AND DEATH	
		PART I. DEATH WAS CAUSE IMMEDIA	IE CAUSE (a)	lear a	leanfields	fra		lu	rech.	
		4299 DUE TO, OR AS A CONSEQUENCE OF								
ı		Conditions, if ony, which	(b)			6 11 3 5 1 3 7				
1		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF						
1		underlying couse last.	(c)							
1	,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
	10		recrocesthaly			erch				
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES		
	CER	21a ACCIDENT WAS UNDERLYING		THE SAME WEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART I OR PART 2)		
	¥	OR CONTRIBUTING CAUSE OF DEA		IH DAY TEAR						
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY 07 101		COUNTY		
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	r, OFFICE, FARM, ETC.)	SIREEI	CITY OR TO	/	COUNTY	STATE	
		220 I certify that (I) (this hospi	tal) ottended the decease		125 , 19 72		117	19 24	that (1) (we) lost	
1		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body after deat	19.24 , ond	that in (my) (o or) opinion	death occurred on the d	ate and has	ur and from the	causes stated	
		226. SIGNATURE	0 11.	DI	GREE	DAVE N		22c. DATE	SIGNED	
		S.M.M.	Freighten	, M. D.	ATTENDING PHYSICIAN	MEDICAL STA		1/18	179	
	1	22d. PHYSICIAN'S NAME (TYPE O			27e ADDRESS 3708	MOUNTAIN	ROAD			
		RANDALL MCL	AUGHLIN, M	.D.	PASADENA.					
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE		METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	(3	Burial	1/20/1979	Meadowr	idge Mem.P	k Balt	imore		yland	
		NERAL DIRECTOR	I.O.O.3 T. ADI	DRESS	250 DA	TE REC'D. BY REGISTRAR			URE	
4	160	rge J. Gonce	,4001 Rito	nie Hg.,	Baltimord	4NL 9 1070	Rein	to 1		

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

FRANDALL MOLAUGHLIN, M.D. PASADEIIA, MAHYLAND 21722

DUNNEL L/28/1979 Nendourld a sem. 21. Beltimore, earlied

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requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 - 0 0 2 1 2

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST (1)	20 DATE OF DEATH	ONTH DAY YEAR	2b HOUR
	Eliza		Wilkunson		1 2179	7:45 AM
3. SEX	F	4 RACE	S. DATE OF BIRTH MONTH LO 28 03	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	HOURS MIN
7a BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR	COUNTY OF DEATH	
	USA	USA	WIDOWED DIVORCED	1 1 40		MD.
10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATIO		F BUSINESS OR
	othian	1360 MARI	BORU Rd	140men	11-6.	
			OWN 13d INSIDE CITY LIMITS?	136 STREET ADDRESS	YERD Rd.	
	THER'S NAME	MIDDIE /	15. MOTHER'S MAIDEN NAM		100	
4	VILLIAM EC	SARD MORELA	id of months	Elle	2 951	444
	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIALS	ECURITY 13 17 INFORMANT	ADDRES	S D 0	I) M
	NO	1214-16	CUGENIA G	> Reenwell	-, DAVIDSON.	11/12/18
	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b) SED BY:			BETWEEN	NATE INTERVAL
	1- G 3 G IMMEDI	IATE CAUSE (a)	mi H.			
	2837	DUE TO, OR AS A CONSE	unic Renal	Pailur	=	
	Canditians, if any, which gave rise to immediate	(b)		1 15 (. a.c.		
	cause 1a1, stating the underlying cause last	DUE TO, OR AS A CONSE	more of which	RIM'S		
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN IN PART TO	1
O	PseudoBo	Bar polary	Carcinoma B	NEAS T	- 02	
CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDIN	GS USED OF DEATH?
RTIF				YES NO	YES	NO 🗆
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
4						
2	(IF EITHER, NOTIFY MEDICAL EXAMINE		19			
MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	21f LOCATION	CITY OR TOWN	COUNTY	STATE
MEDIC	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	79	
MEDIC	21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) this has	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 21f LOCATION STREET	_ to Jan	. 19 79 . 1	hat (I) (we) last
	21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) this has	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 211 LOCATION STREET	_ to Jan	. 19 79 . 1	tat (I) (we) last couses stated
	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that 10 this has say the deceased alive above 110 well did (did	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	PEGREE 211 LOCATION STREET 19 29 , and that in (my) aur) apinian a	eath accurred an the dat	e and hour and from the c	tat (I) (we) last couses stated
	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that 10 this has say the deceased alive above 110 well did (did	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	OCE, FARM. ETC.) 211 LOCATION STREET 1m 9 9 , and that n (my) aur) apinian o	, to Jour leath accurred an the date	e and hour and from the c	tat (I) (we) last couses stated
	21d. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK 220.1 certify that (1) this has saw the deceadalive above (1) well did (did 22b. SIGNATORE	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	OTTO DEGREE ATTENDING PHYSICIAN 211 LOCATION STREET 19 19 28 19 19 19 19 19 19 19 19 19 19 19 19 19	eath accurred an the dat	e and hour and from the c	tat (I) (we) last couses stated
23a, 8	21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) this has saw the deceased alive a abave (1) well did (did 22b. SIGNATORE 22d. PHYSICIAN'S NAME (1YP) SURIAL, CREMATION, REMOV.	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF spital) attended the deceased from an analysis the bady after death. CORPRINT) SPM BY	OTTO DEGREE ATTENDING PHYSICIAN 211 LOCATION STREET 19 19 28 19 19 19 19 19 19 19 19 19 19 19 19 19	eath accurred an the dat	e and hour and from the c	tat (I) (we) last couses stated
^{230.} 8	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that 10 this has saw the deceased alive above (1) well did (1) did 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF spital) attended the deceased from an analysis the bady after death. CORPRINT) SPM BY	DEGREE ATTENDING PHYSICIAN 236. NAME OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIA 23d. LOCATION WITHOUT THE	e and hour and from the or	tot (I) (we) lost couses stated

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather traumatic event, the

79-00212 WILLIAM DE LOUA MESSAGES ACALL 9 / Luncost 5% minament AE Control The district of the state of th REPORT - LUCY CHERRY TOURS TOURS CONTROL OF STREET The Last Last Sand La Company Company Company Company Tarrell Francisco Carolina Elizabeth TO WAT THE WAT THE WATER OF THE PARTY OF THE And the Art 1995 the state of the same to be a second to the state of the same to

STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

etained by the haspital ar attending physician.

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within 24 hours after

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	1 9 -	UUL	17		
		CEASED NAME FIRST	NO OTHER	WIDDLE	ι	LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	(ITPE	RUTH	HA	ANNA	WI	LLY		01	10	79	Δ
	3. SE	X	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER	RIYEAR	IF UNDER #4
		FEMALE	WI	HITE	02	20 95	83	YRS	MON1HS	DAYS	HOURS
		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF		ITRY? 8		9. BALTIMORE CITY			ATH	
5		VIRGINIA	U.S	S.A.	WIDOWE	D NEVER MARRIED DIVORCED DI	ANNE ARUN	NDEL C	COUNT	Y	
0	10 CI	ITY OR TOWN OF DEATH	11. NAME OF		URSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12 h. I	KIND OF	BUSINES
200		ROOKLYN PARK	4810 M	MARSHAI	LL ROAD,	21225	(TYPE OF WORK FOR MOST HOUSEWIE		LIFE) I INDI	USTRY	
o lo	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	OR OTHER INSTITUTION	13c. CITY OR		113d INSIDE CITY LIMITS?	13e. STREET ADDRESS		20		
高から	MA	ARYLAND A.			LYN PARK		4810 MARS	SHALL	ROAD	, 21	225
une	14 FA	ATHER'S NAME	MIDDLE	LAST	,	15. MOTHER'S MAIDEN NAM	ME	Dire		LAST	
		CHARLES	E.	PITC		LILLIAN	MAE	3	The state of		BERG
20	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORMANT	ADD	RESS			
medica		NO	L WAR OR DATES!	219-3	30-2677	VIRGINIA LI	NEBERG, 575	57 MA	IN ST	REET	, 212
E.		18 CAUSE OF DEATH (Enter o	nly one couse per	r line for (a), (b	b), and (c)		1		88	APPROXIM	NATE INTERVA
eu		PART I. DEATH WAS CAUS		parred	Lonely	noway A	viest		123		
2	IMMEDIATE CAUSE (6)										
ic ev		421-	DUE 70 0	DAS A CONIC	FOURTHOOF	^ (Δ				1
umoric ev		436-	DUE TO, O	RAS A CONS	SEQUENCE OF	cuelai dec	ideal		2	00	lay
r Irdumonic ev		Conditions, if any, which gove rise to immediate cause (a) statung the	(b)	'ereli	ialla	cuelai doc	idelet		2	0 0	lay.
orner traumonic ev			(b)	'ereli	SEQUENCE OF	iculai doc	ideet		2	0 0	lay
y, or other traumotic ev		gave rise to immediate cause (a), stating the	(b) (b) (c) (c)	PLE LI PRAS A CONS	CAL VOL	NOT RELATED TO THE TERM	idcet	NDITION O			lay
njory, or officer froomotic ev	NO	gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONS	CAL VOL	NOT RELATED TO THE TERM	idcled inal disease or co	NDITION			tay
any injury, or other traumatic ev	ATION	gave rise to immediate cause (a), stating the underlying cause last.	(b)	PLELA OR AS A CONS ONTRIBUTING	SEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	120b. IF Y	GIVEN IN P	ART 1(a	GS USED
aws any injury, or other traumotic ev	TIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PARTIZ OTHER SIGNIFICANT	(b)	PLELA OR AS A CONS ONTRIBUTING	SEQUENCE OF		20e. AUTOPSY?	20b. IF Y	SIVEN IN P	ART 1(a	GS USED
o snaws any injury, ar orner fraumatic ev	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PARTI2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	(b) DUE TO, OO (c) CONDITIONS COOL OF CONDITIONS COOL OF COOL	ONTRIBUTING	SEQUENCE OF		200. AUTOPSY? YES NO	20b. IF Y IN CER	GIVEN IN P	ART 1(a	GS USED OF DEATH
em To snaws any injury, or other troomotic ev	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PARTIZ OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	(b) DUE TO, OO IC) CONDITIONS COORDITIONS COORDITIONS COORDING COO	ONTRIBUTING ONTRIBUTING OTHER OTHE	GEQUENCE OF THICH OPERATIO H DAY YEAR	n was performed	200. AUTOPSY? YES NO	20b. IF Y IN CER	GIVEN IN P	ART 1(a	GS USED OF DEATH
or near 10 shaws any injury, or other traumonic ev		gove rise to immediate cause (a), stating the underlying cause last. PARTI2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, OO CONDITIONS CO 19b COND 19b COND ATH P. 21e. PLACE	ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY	GEQUENCE OF GTO DEATH BUT WHICH OPERATIO H DAY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURR	200. AUTOPSY? YES NO	20b. IF Y IN CER JURY IN ITEM 1	GIVEN IN P	FINDING AUSES (GS USED OF DEATH NO
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em 21 is morked of mem 10 slaws only injury, or officer mountains en		gove rise to immediate cause (o), stating the underlying cause lost. PARTI2 OTHER SIGNIFICANT 190 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (i) (this hosp	(b) DUE TO, O CONDITIONS CO 19b COND 19b COND 21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME, ST	ONTRIBUTING ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OF	GEQUENCE OF GTO DEATH BUT WHICH OPERATIO H DAY YEAR 19 FFICE, FARM, ETC.)	21c. HOW INJURY OCCURE 21f. LOCATION STREET , 19	200. AUTOPSY? YES NO CITY OR TO	20b. IF Y IN CER JURY IN ITEM JI	/ES, WERE TIFYING C YES COUI	FINDING AUSES (PART 2)	GS USED OF DEATH NO STAI
		gove rise to immediate cause loss. Stating the underlying cause loss. PARTI2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp sow the deceased alive on above. (1) (we) (did) (did not only some cause.	DUE TO, O CONDITIONS CI 196 COND 198 COND 198 COND 218. TIME CO HOUR A HOUR A 218. PLACE (ATHOME, ST Ditol) ottended th	ONTRIBUTING ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OF	GEQUENCE OF GTO DEATH BUT WHICH OPERATIO H DAY YEAR 19 FFICE, FARM, ETC.)	211. HOW INJURY OCCURE 211. LOCATION STREET , 19 nd that in (my) (aur) opinion DEGREE ATTENDING	200. AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the	20b. IF Y IN CER IN CER OWN	/ES, WERE TIFYING C YES COUI	FINDING AUSES (PART 2)	GS USED OF DEATH NO STAI
		gove rise to immediate cause loss. Stating the underlying cause loss. PARTI2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp sow the deceased alive on above. (1) (we) (did) (did not only some cause.	DUE TO, O CONDITIONS CO CONDITIONS CO 19b COND 21b. TIME CO HOUR A. 21c. PLACE (AT HOME, ST Office the body	ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OF	GEQUENCE OF GTO DEATH BUT WHICH OPERATIO H DAY YEAR 19 FFICE, FARM, ETC.)	211. HOW INJURY OCCURE 211. LOCATION STREET , 19 nd that in (my) (aur) opinion DEGREE ATTENDING	20e. AUTOPSY? YES NO CITY OR TO Let to Control of the control of t	20b. IF Y IN CER IN CER OWN	/ES, WERE TIFYING C YES COUI	FINDING AUSES (PART 2)	GS USED OF DEATH NO STAI
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MCOKTAN: If them 2.1 is motived of them 10 shows any injury, or other frommance	MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PARTI2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK Sow the deceased olive or obove, (II) (we) (did) (did in 22b. SIGNATURE	CONDITIONS	ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OF OTHER DECEMBER OTHER D	GEQUENCE OF GTO DEATH BUT WHICH OPERATIO H DAY YEAR 19 TOTAL TOTAL	21t. HOW INJURY OCCUR! 21t. LOCATION STREET , 19 and that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN	20e. AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the	20b. IF Y IN CER IN CER OWN	/ES, WERE TIFYING C YES COUI	FINDING AUSES (PART 2)	GS USED OF DEATH NO STAI

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) EDITH WOLFANGLE January 16. 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HPS MONTH MONTHS DAYS Oct. 29, 1897 Female Caucasian To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Maryland USA Anne Arundel. WIDOWED [DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12b. KIND OF BUSINESS OR 7 Ellington Drive TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Annapolis Secretary Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13e, STREET ADDRESS 13d. INSIDE CITY LIMITS? Anne Arundel Annapolis Maryland Ellington Drive YES K NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME d 2 s Wolfangle FIRST MIDDLE Samuel Mary Spinner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 214-05-0815 James R. Meade same as 13e APPROXIMATE INTE 18. CAUSE OF DEATH (Enter only one cause per line for Ao), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause -0 0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (0 CERTIFICATION 9 ATE OF OPERATION AN CONDITION FOR WHICH OPERATION WAS BERFORMED 20h. IF YES. WERE FINDINGS USED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NO YES | NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 21d. INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from, sow the leceosed give on above. It we) (did (did not) few the body after death and that it (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE ATTENDING 1 MEDICAL MPORTANT: IF STAFF ald be deta PHYSICIAN DIRECTOR PHYSICIAN (TYPE OR PRINT) 22e ADDRESS shoul with 0 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (SPECIFY) 01-18-79 Cedar Bluff Cemetery Burial Annapolis. Anne Arundel. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 (VRA 15 (4)) Funeral Home, 1212 West St., Anna., Md.

STATE OF MARYLAND

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